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CITY OF SALFORD

ANNUAL REPORT

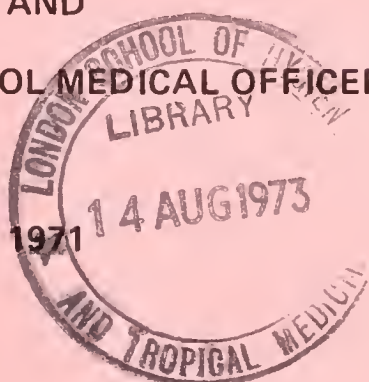
OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

1971





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CITY OF SALFORD

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

D. J. ROBERTS
M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.

1971

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MEMBERS OF THE HEALTH COMMITTEE
at 31st December, 1971

His Worship the Mayor, Alderman Ralph Evans

Chairman:
Alderman ALAN ASHCROFT

Deputy Chairman:
Alderman ROSALIND STONES (Mrs.)

Aldermen
W. JOHNSON
B. NOLAN

Councillors
J. BRADBURY
J. BRYANS (Mrs.)
J. HOLT
J. R. JAFFE
L. MALIMSON (Mrs.)
T. G. ROTH (Mrs.)
S. TURNER
M. WILLIAMS (Mrs.)

Dr. A. HART — Co-opted Member

STAFF

at 31st December, 1971

MEDICAL OFFICER OF HEALTH	D. J. ROBERTS, M.A., M.B., B.Chir., M.R.C.S. L.R.C.P., M.F.C.M., D.P.H.,
DEPUTY MEDICAL OFFICER OF HEALTH	D. W. PRESTON, M.B., Ch.B., D.P.H.
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MEDICAL OFFICERS IN DEPARTMENT	SHANTI JAIN, M.B., Ch.B., M.S. V. P. O'SULLIVAN QUINN, M.B., B.Ch.
PART-TIME MEDICAL OFFICERS IN DEPARTMENT	JEANNE ACANNE-FISTEIN, M.B., B.Ch., B.A.O., D.P.H. A. G. BROWN, M.B., Ch.B., D.(Obst.) R.C.O.G. B. HARING, M.R.C.S., L.R.C.P., D.P.H. ELIZABETH M. SUMMERS, M.B., Ch.B., D.(Obst.)R.C.O.G.
PART-TIME CONSULTANT STAFF	*R. I. MACKAY, M.B., Ch.B., M.R.C.P., D.C.H. *W. LEE, M.B., Ch.B.
CHIEF ADMINISTRATIVE OFFICER	H. MILLINGTON, B.A.(Admin.), M.I.S.W.
CHIEF PUBLIC HEALTH INSPECTOR	H. F. ROBINSON, F.R.S.H., F.A.P.H.I. C.S.I.B.
DEPUTY CHIEF PUBLIC HEALTH INSPECTOR	H. L. LATHAM, M.A.P.H.I., C.S.I.B.
DIRECTOR OF NURSING SERVICES	Miss D. LAMB, S.R.N., R.F.N., S.C.M., H.V. Cert.
AREA NURSING OFFICER	Miss D. DUCKENFIELD, S.R.N., S.C.M., H.V. Cert.
AREA NURSING OFFICER AND SUPERVISOR OF MIDWIVES	Miss V. E. LANGRIDGE, S.R.N., S.C.M., R.F.N., M.T.D.
NURSING OFFICER WITH SPECIAL RESPONSIBILITIES	Miss J. MARSDEN, S.R.N., S.C.M., Q.N., D.N.T.
AMBULANCE OFFICER	E. O. DAVIES, F.I.C.A.P.
SUPERINTENDENT PHYSIOTHERAPIST	Miss P. K. FOGG, M.C.S.P.
CHIEF CHIROPODIST	(VACANT)
ASSISTANT CHIEF PUBLIC HEALTH INSPECTOR	W. E. POLLITT, F.A.P.H.I., C.S.I.B.

* By arrangement with the Manchester Regional Hospital Board

STAFF (continued)

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SPECIAL RESPONSIBILITIES

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 G. FOULDS, M.A.P.H.I., C.S.I.B.
 J. CHURCH, M.A.P.H.I., C.S.I.B.
 W. H. HASKAYNE, M.A.P.H.I., C.S.I.B.
 K. WOOD, M.A.P.H.I., C.S.I.B., A.C.C.S.
 R. TAYLOR, M.A.P.H.I., C.S.I.B.
 C. WHARTON, M.A.P.H.I., C.S.I.B., A.R.S.H.

SENIOR ADMINISTRATIVE ASSISTANTS

Mrs. E. GODFREY
 Miss D. McMILLAN
 J. R. RIDGARD

ADMINISTRATIVE ASSISTANTS

L. F. HARPER, A.R.S.H.
 Mrs. D. KELLY

NURSING OFFICERS
(HEALTH VISITING)

Miss E. DONEGAN, S.R.N., B.T.A.Cert.,
 Part I Cert. C.M.B., H.V.Cert.
 Miss D. M. PARKER, R.F.N., S.R.N., S.C.M.,
 H.V. Cert., Trop. Diseases Cert.

NURSING OFFICERS
(HOME NURSING)

Mrs. J. ARMSTRONG, S.R.N., Q.N.
 Mrs. J. K. RAMSBOTTOM, S.R.N., Q.N.

NURSING OFFICERS
(MIDWIFERY)

Mrs. M. J. BROKENBROW, S.C.M.
 Mrs. V. REECE, S.C.M.

SENIOR CLERKS

H. WINSTANLEY
 G. A. KELLY

MANAGER OF SALFORD HOUSE

C. H. PETERSON

SUPERVISOR OF TYPING POOL

Mrs. W. M. BAIRD

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH 1971

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE

Ladies and Gentlemen,

It gives me great pleasure to present my Annual Report for the year 1971 to you.

The various vital statistics for an area are clearly a good indication of the health of that area and the effectiveness of the Services provided. As I have stated in previous Annual Reports the figures for Salford are some of the worst in the country but we are nevertheless making extremely rapid strides. The infant mortality rate for example is now 22 per 1,000 live births whereas in the previous year it was 25, and in the year before that it was 32. For England and Wales the figure is 18 and has been close to this figure since 1967. This indicates that although the infant mortality rate is not good we are showing, relatively, a very rapid improvement. It is also important when looking at the infant mortality rate to consider the perinatal mortality rate which is the rate for stillbirths and deaths under one week combined per 1,000 total live and stillbirths. The figure for 1971 is 27 whereas for 1970 it was 31 and for 1969 it was 41. This is a most heartening improvement. The indication of these figures is that our Child Health and Obstetric Services in the City are at long last producing the desired effect on our infant and perinatal mortality rates. Our adjusted live birth rate of 18.2 has shown a further fall, although our figure is still above the national average of 16.0. However, the national figure for 1970 was also 16.0 per 1,000 population so that our own figure shows a real improvement over our previous position. With regard to illegitimate live births the figure for Salford is remarkably high at 16 per cent of all live births. It is always tempting to endeavour to explain away the statistics which one does not wish to own. The Office of Population Censuses and Surveys is however well aware of the factors which can affect such rates for example a "Mother and Baby Home" within a local authority area, and we must therefore accept this high figure as being a true figure and acknowledge the fact that it is twice the national average. There is here clearly an indication for much more and better Health Education together with an improvement in our Family Planning Service. From time to time it is said that Family Planning Services encourage promiscuity. In view of the appalling illegitimate figures for the country as a whole and the enormous number of legal abortions now being carried out, this statement is clearly nonsense and I am sure the vast majority would wish to see unwanted pregnancies controlled by Family Planning rather than the "last ditch" method of abortion.

The figures for deaths from carcinoma of the lung and bronchus have shown a fall from 138 for 1970 to 120 for the present year. It would be encouraging if this trend were significant but in view of the steadily rising number of deaths from cancer of the lung and bronchus over the country as a whole this would appear to be unlikely. There is little doubt that if approximately 29,000 people per year, instead of dying from lung cancer were dying from an infectious disease such as smallpox or diphtheria, there would be an immediate outcry and the strongest demand for immediate action. One cannot accept that there is nothing that can be done about this. Various methods have

been tried such as Health Education and Anti-smoking Clinics and the banning of cigarette advertisements on television; these have all helped in a very small way but in themselves they are no answer to the problem. Ultimately, as a society, we must recognise that cigarette smoking is the hazardous habit that it is, but as yet we appear to have failed to do this to any great extent. A total ban on all cigarette advertising might at least, however, be a help in diminishing the extent of the hazard.

Salford and chronic bronchitis appear to be almost synonymous but this relationship will not hold for very many years in the future. At the time of writing we are rapidly reaching the implementation of our last Smoke Control Order, the date in fact is July, 1972. From that date the whole of the City will be covered by operative Smoke Control Orders. As I have said repeatedly however, this does not mean that we shall never again see a smoking chimney in Salford. There are still many thousands of houses awaiting demolition which are excluded from the Orders. We are demolishing these houses at the rate of over 1,000 per year so that the end of a smoke ridden City is in sight. The smoke laden air of English Cities has been notorious for very many years, but we are, in this country I believe, winning the major battle of the pollution of our air, our water and our land, but we must be for ever on our guard against new pollutants which can arise in the most insidious way and be all the more dangerous because they are not readily visible.

The slum clearance programme is going remarkably well. During 1971 more than 1,500 houses were demolished. This must, I think, be a record and is certainly no mean achievement for a City of this size.

Earlier I referred to Family Planning and I am glad to report that our own efforts with regard to family planning have increased considerably. The grant made by the City Council to the Family Planning Association is now six times what it was only three years ago, besides this, at the time of writing we have appointed, under the urban programme, a Specialist Health Visitor in Family Planning. Her duties include work in the domiciliary field, besides liaison with the Family Planning Association and the family doctors, together with an intensive programme of in-service training and Health Education generally. Clearly a mother with many children has great difficulty in visiting a Family Planning Clinic and we must therefore, endeavour to take our Family Planning Service to her, in her own home, if this is what she requires.

With regard to Cervical Cytology our service has been orientated towards a Well Woman Clinic with the appointment of Dr. Elizabeth Higham to the post of Senior Medical Officer. I think patients are more likely to take advantage of the Cytology Service when the taking of a cervical smear is but one part of a screening and advisory service. In spite of the setting up of a national scheme with regard to cervical cytology we shall continue to make use of the Christie Hospital scheme which has been in operation for several years and which of course has the approval of the Department of Health.

Our Health Centre programme is making steady progress and Salford's first Health Centre should be in operation before this report is distributed. A start on the building of the second centre for the Central Re-development Area should not be many months distant and other Health Centres are in various stages of planning. I should like to pay tribute to the excellent co-operation which we get from the Executive Council through the Clerk of the Council Mr. William Jones. This degree of co-operation will I am sure hardly be improved even when integration of the Health Services takes place.

The Chiropody Service has functioned very smoothly and well under our Chief Chiropodist Mr. Ernest Graham Jones. We have been sorry to lose Mr. Jones but we all congratulate him on his appointment as Chief Chiropodist to Lancashire County Council and welcome our new Chief Chiropodist Mr. J. A. Gurney.

Our Nursing Services underwent a further re-organisation during the year, so that we now have a Director of Nursing Services and two Area Nursing Officers at the head of the Nursing Services, together with six Nursing Officers as first line managers. I should like to pay tribute to Miss Dora Lamb, who at the time of writing has just retired, for all the work she has carried out for the department since her arrival here in Salford in 1963. The attachment of our nursing staff is now virtually 100 per cent.

For some time now we have endeavoured to equip our midwifery staff with personal radio transmitter receivers and I am glad to report that at the time of writing the midwives have been equipped with this apparatus which appears to have been remarkably free from teething troubles. These instruments are not only a tremendous boon to our midwifery staff but must also have a great effect on the mental anxiety of fathers-to-be who now know that the midwife can summon aid immediately should this be required and without the perpetual worry that public telephone boxes may have been damaged and rendered useless.

As a result of a very small outbreak of diphtheria in one of our neighbouring authorities we undertook the immunisation of approximately 15,000 children. There is nothing miraculous with regard to the virtual absence of diphtheria in this country at the present day, it is due entirely to an active immunisation programme, and should we ever forget this we will do so at our peril. It is not clear who will be personally responsible for maintaining a high standard of immunisation in the new health authorities; at the present time it is clear enough, and there is nothing like personal responsibility for making sure that things get done. We have in recent years been given additional tools in the way of measles and German measles vaccines. These two common infectious diseases have done untold damage in past years and yet parents still sometimes fail to take advantage of the protection that can be offered.

With regard to research, the department is continuing to take an active part in a programme of research with regard to whooping cough vaccines undertaken by the Public Health Laboratory Service. We have also continued to assist in the National Child Development Study and the Medical Research Council's Twelve Towns Study into the association between hard and soft water and ischaemic heart disease: the latter study being organised by the Social Medicine Unit of the London School of Hygiene and Tropical Medicine. A personal piece of research was undertaken by Mr. W. E. Pollitt our Assistant Chief Public Health Inspector with regard to noise in hospitals. The Department is in fact active in very many fields as any one who takes the trouble to read the whole of the Report will very readily discover. We are however, like many of the Health Services in this country perpetually short of the resources of money and manpower.

With regard to fluoridation I am pleased to report that at the present time the local authority has resolved that fluoride should be added to the Salford water supply. The addition of fluoride to public water supplies has caused tremendous controversy although all professional bodies so far as I am aware are in favour of it. It is however, right and proper that people should take an active interest in the factors affecting their environment and we are perhaps showing a much greater interest in the environment in

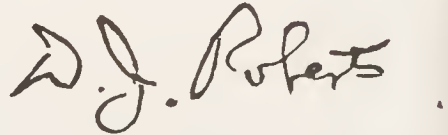
general than has been shown for very many years.

Lastly, I should like to thank the Chairman and Members of the Health Committee for all their help and consideration, and the other Chief Officers and Officers of other health and voluntary organisations in the City for their willing co-operation, and to the staff for their loyalty and the tireless way in which they have carried out their work.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant

A handwritten signature in dark ink, reading "D.J. Roberts". The signature is written in a cursive style with a large, stylized "D" and "R".

Medical Officer of Health

HEALTH DEPARTMENT,
CRESCENT HOUSE,
P.O. BOX 32,
CRESCENT,
SALFORD M5 4PH

Telephone: 061-736 5891

STATISTICAL SUMMARY - 1971

(Based upon figures supplied by Registrar-General)

Area – The City of Salford has a total area of 5,202 acres

Population — (Registrar General's Estimate at Mid-year 1971	131,330
---	---------

Population – (Census, 1971)	130,641
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Density – The Mean Density of the City is equal to 25.25 persons per acre	Salford 1971	1970	England & Wales 1971
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Live Births — Legitimate: 1,013 Males 942 Females	1,955	2,091	717,491
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Live Births — Illegitimate: 199 Males 184 Females	383	419	65,674
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TOTALS	2,338	2,510	783,165
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Live Births per 1,000 homes population (crude rate)	17.8	18.5	16.0
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Area comparability factor	1.02	1.02	1.00
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Local adjusted rate	18.2	18.9	16.0
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Ratio of local adjusted rate to national rate	1.13	1.18	1.00
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Stillbirths — 18 Males 26 Females	44	45	9,898
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Stillbirth rate per 1,000 live and stillbirths	18	18	12
--	----	----	----

Total live and stillbirths	2,382	2,555	793,063
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Infant Deaths (deaths under 1 year)	51	63	13,726
-------------------------------------	----	----	--------

Legitimate 41 Illegitimate 10

Infant mortality rate per 1,000 live births – total	22	25	18
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Infant mortality rate per 1,000 live births — Legitimate	21	27	18
--	----	----	----

Infant mortality rate per 1,000 live births – Illegitimate	26	17	24
--	----	----	----

Neo-natal mortality rate (deaths under 4 weeks	11	15	12
--	----	----	----

per 1,000 total live births)

Early Neo-natal mortality rate (deaths under 1	9	14	10
--	---	----	----

week per 1,000 total live births)

Illegitimate live births per cent of total live births	16	17	8
--	----	----	---

Perinatal mortality rate (stillbirths plus deaths under one week per 1,000 total births)

Stillbirths	44	1.65	27	31	22
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Deaths under one week	21	Total 65	27	31	22
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Maternal deaths (including abortion)	1	2	132
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Maternal mortality rate per 1,000 live and stillbirths	0.42	0.78	0.16
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Deaths — 952 Males	907 Females	1,859	1,956	567,345
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Annual rate of mortality per 1,000 of the population (crude rate)	14.2	14.4	11.6
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Area comparability factor	1.17	1.17	1.00
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Local adjusted rate	16.6	16.8	11.6
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Ratio of local adjusted rate to national rate	1.43	1.44	1.00
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TABLE 1

SHOWING THE BIRTHS IN THE CITY OF SALFORD. DEATHS OF LEGITIMATE AND ILLEGITIMATE INFANTS UNDER ONE YEAR OLD AND THE PROPORTION OF DEATHS UNDER ONE YEAR OF AGE PER 1,000 BIRTH DURING THE YEARS 1948 TO 1971.

Years	Births			Percentage of Illegitimate Births to Total Births	Deaths under One Year			Proportion of Deaths under One Year per 1,000 Births		
	Total	Legit.	Illegit.		Total	Legit.	Illegit.	Total	Legit.	Illegit.
1948	3761	3570	191	5.1	157	147	10	42	41	52
1949	3628	3387	241	6.6	193	181	12	53	53	50
1950	3354	3123	231	6.9	144	128	16	43	41	69
1951	3091	2881	210	6.8	107	103	4	35	36	19
1952	3100	2913	187	6.0	107	89	18	35	31	96
1953	2964	2794	170	5.7	95	83	12	32	30	71
1954	2867	2692	175	6.1	87	79	8	30	30	46
1955	2700	2544	156	5.8	81	75	6	30	29	32
1956	2826	2682	144	5.1	83	80	3	29	30	21
1957	3026	2851	175	5.8	88	84	4	29	29	23
1958	2930	2738	192	6.5	84	78	6	29	28	31
1959	2959	2789	170	5.7	71	67	4	24	24	24
1960	2991	2752	239	8.0	80	73	7	27	27	29
1961	3018	2769	249	8.3	85	79	6	28	29	24
1962	3199	2911	288	9.0	93	85	8	29	29	28
1963	3154	2832	322	10.21	98	95	3	31	34	9
1964	3053	2703	350	11.46	93	78	15	30	29	43
1965	3054	2701	353	11.56	80	71	9	26	26	25
1966	2749	2416	333	12.11	88	82	6	32	34	18
1967	2819	2430	389	13.85	66	53	13	23	22	33
1968	2730	2282	448	13.90	70	60	10	26	25	22
1969	2662	2279	383	14.39	86	74	12	32	32	31
1970	2555	2126	429	16.80	63	56	7	25	27	17
1971	2338	1955	383	16.38	51	41	10	22	21	26

TABLE 2

SHOWING THE BIRTH RATES, RATES OF MORTALITY FROM ALL CAUSES TUBERCULOSIS OF RESPIRATORY SYSTEM, CANCER, HEART DISEASES, BRONCHITIS AND PNEUMONIA AND THE INFANT MORTALITY RATES DURING THE YEARS 1948 TO 1971.

Years	Population estimated to middle of each year	Rates per 1,000 Population							Deaths under one year of age per 1,000 Births
		Births	Deaths from						
			All Causes	Tuberculosis of Respiratory System	Cancer	Heart Diseases	Bronchitis	Pneumonia	
1948	178,100	21.12	11.81	0.78	2.16	2.44	1.14	0.48	41.74
1949	178,900	20.28	13.06	0.63	2.00	3.13	1.45	0.71	53.20
1950	177,700	18.87	12.87	0.50	2.31	3.51	1.30	0.46	42.93
1951	176,800	17.48	14.12	0.46	2.15	4.04	1.78	0.50	34.62
1952	176,400	15.57	12.19	0.35	2.12	3.35	1.33	0.59	34.52
Average 5 yrs		18.66	12.81	0.54	2.15	3.29	1.40	0.55	41.40
1953	173,900	17.05	12.36	0.29	2.24	3.24	1.59	0.74	32.05
1954	171,500	16.72	11.98	0.23	2.39	3.44	1.19	0.56	30.35
1955	169,300	15.95	12.30	0.22	2.08	3.46	1.33	0.78	30.00
1956	167,400	16.88	12.34	0.20	2.43	3.48	1.46	0.78	29.37
1957	165,300	18.31	12.97	0.19	2.44	3.75	1.37	0.79	28.75
Average 5 yrs		16.98	12.39	0.23	2.32	3.47	1.39	0.73	30.10
1958	163,600	17.91	13.20	0.12	2.20	3.70	1.56	0.84	28.67
1959	162,000	18.27	13.01	0.19	2.43	3.78	1.31	0.78	23.99
1960	161,170	18.56	12.67	0.13	2.44	3.60	1.21	0.62	26.75
1961	154,910	19.45	13.96	0.14	2.39	3.74	1.56	0.84	28.16
1962	154,000	20.77	14.90	0.08	2.42	4.23	1.67	0.91	29.07
Average 5 yrs		18.99	13.55	0.13	2.37	3.81	1.46	0.79	27.33
1963	152,570	20.67	13.29	0.06	2.41	3.38	1.42	1.15	31.07
1964	150,350	20.31	12.26	0.07	2.38	3.51	1.17	0.71	30.46
1965	148,260	20.60	12.97	0.05	2.58	3.84	1.19	0.78	26.20
1966	145,880	18.84	13.93	0.07	2.76	3.75	1.38	0.87	32.01
1967	143,430	19.65	12.95	0.06	2.85	3.41	1.17	1.03	23.41
Average 5 yrs		20.01	13.08	0.06	2.60	3.58	1.27	0.91	28.63
1968	139,830	19.5	13.73	0.07	2.08	4.02	1.1	1.01	25.64
1969	137,750	19.3	14.1	0.05	1.97	3.71	1.25	1.19	32.0
1970	135,530	18.5	14.4	0.03	2.98	3.39	1.37	0.91	25.0
1971	131,330	17.8	14.2	0.03	3.16	4.31	1.20	0.72	22.0

TABLE 3

STATEMENT SHOWING NUMBER OF DEATHS IN THE CITY OF SALFORD FROM THE DISEASES SPECIFIED REGISTERED DURING THE YEARS 1933–1971 AND THE RATES PER 100,000 OF THE POPULATION.

(a) Number of Deaths

(b) Rate per 100,000 of the population

Year	Bronchitis		Cancer (all sites)		Heart Diseases		Pneumonia		Tuberculosis of Resp. system		Total Deaths	
	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
1933	200	92.2	339	156.2	591	272.4	269	124.0	248	116.0	3009	1386.6
1934	133	62.2	400	187.1	637	297.9	243	113.6	201	94.0	2932	1371.1
1935	131	62.4	348	165.7	656	312.4	236	112.4	190	90.5	2734	1301.9
1936	154	74.8	352	170.9	729	353.9	249	120.9	207	100.5	2893	1404.4
1937	141	69.9	390	193.3	779	386.0	245	121.4	178	88.2	2943	1458.4
1938	86	43.1	344	172.5	691	346.5	210	105.3	192	96.3	2611	1309.4
1939	92	46.8	366	186.2	838	426.2	201	102.2	187	95.1	2698	1372.3
1940	535	308.9	342	197.5	754	435.3	221	127.6	195	112.6	3224	1861.4
1941	333	208.5	276	172.8	559	350.0	211	132.1	173	108.3	2743	1717.4
1942	239	155.9	387	219.8	462	301.4	129	84.1	146	95.2	2223	1450.1
1943	330	215.7	345	225.5	445	290.8	147	96.1	148	96.7	2382	1556.9
1944	271	173.9	328	200.5	461	295.9	101	64.8	151	96.9	2271	1457.6
1945	416	264.5	313	199.0	472	300.1	126	80.1	146	92.8	2459	1563.3
1946	289	170.5	326	192.4	444	262.0	127	74.9	122	72.0	2266	1337.1
1947	288	165.5	351	201.6	488	280.3	122	70.1	131	75.3	2312	1328.2
1948	203	114.0	385	216.2	434	243.7	86	48.3	139	78.0	2103	1180.8
1949	260	145.3	358	200.1	560	313.0	127	71.0	113	63.2	2337	1306.3
1950	231	130.0	410	230.7	624	351.2	82	46.2	89	50.1	2288	1287.6
1951	314	177.6	392	221.7	715	404.4	89	50.3	82	46.4	2497	1412.3
1952	235	133.2	374	212.0	591	335.0	104	59.0	61	34.6	2151	1219.4
1953	277	159.3	390	224.3	563	323.7	129	74.2	50	28.8	2149	1235.8
1954	204	119.0	410	239.1	590	344.0	96	56.0	39	22.7	2055	1198.3
1955	226	133.5	352	207.9	585	345.5	132	78.0	38	22.4	2082	1229.8
1956	244	145.8	407	243.1	583	348.3	131	78.3	33	19.7	2065	1233.6
1957	226	136.7	404	244.4	620	375.1	131	79.3	31	18.8	2150	1300.7
1958	255	155.9	359	219.4	611	370.4	137	83.7	20	12.2	2159	1319.7
1959	212	130.9	394	243.2	612	377.8	127	78.4	31	19.1	2107	1300.6
1960	195	121.0	393	243.8	580	359.9	100	62.0	21	13.0	2042	1267.0
1961	242	156.2	370	238.8	579	373.8	130	83.9	21	13.5	2163	1396.0
1962	258	167.5	374	242.9	651	422.5	141	91.6	13	8.4	2294	1489.6
1963	216	141.6	367	240.5	516	338.2	176	115.3	10	6.5	2028	1329.2
1964	176	117.1	358	238.1	528	351.2	106	70.5	11	7.3	1844	1226.5
1965	176	118.7	383	258.3	569	383.8	116	78.2	7	4.7	1923	1297.0
1966	202	138.4	404	276.9	548	375.7	127	87.1	10	6.9	2032	1392.9
1967	168	117.1	409	285.2	489	340.9	148	103.2	8	5.6	1857	1294.7
1968	154	110.1	398	208.5	584	402.3	154	101.1	10	7.1	1922	1318.5
1969	172	124.8	409	296.9	511	370.9	164	119.0	8	5.8	1943	1410.5
1970	186	137.2	404	298.1	459	338.6	124	91.5	5	3.7	1956	1443.2
1971	158	120.3	415	315.9	566	430.9	95	72.3	4	3.0	1859	1415.5

[illegible]

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS							
					1— 4	5— 14	15— 24	25— 34	35— 44	45— 54	55— 64	65— 74
B28 Ischaemic Heart Disease	M	247	—	—	—	2	11	33	64	77	60	
B29 Other Forms of Heart Disease	F	173	—	—	—	—	1	6	17	49	100	
	M	45	—	—	—	—	—	3	4	16	22	
B30 Cerebrovascular Disease	F	59	—	—	—	—	1	—	1	12	45	
	M	94	—	—	—	—	—	5	25	36	28	
B46(6) Other Disease of Circulatory System	F	150	—	—	—	—	3	5	17	38	87	
	M	26	—	—	—	—	—	2	7	7	10	
B31 Influenza	F	36	—	—	1	—	—	1	1	7	26	
	M	1	—	—	—	—	—	—	—	—	1	
B32 Pneumonia	F	3	—	—	—	—	—	1	—	—	2	
	M	41	1	5	—	1	1	2	6	4	20	
B33(1) Bronchitis and Emphysema	F	54	—	7	—	1	—	1	1	13	30	
	M	102	—	—	—	—	—	8	22	43	29	
B33(2) Asthma	F	56	—	—	—	—	—	2	10	18	26	
	M	2	—	—	—	—	—	1	1	—	—	
B46(7) Other Diseases of Respiratory System	F	2	—	—	—	—	—	1	—	—	1	
	M	11	—	1	—	—	—	1	3	5	1	
B34 Peptic Ulcer	F	7	—	—	—	—	1	—	2	2	2	
	M	12	—	—	—	—	—	1	5	5	1	
B35 Appendicitis	F	6	—	—	—	—	—	—	1	1	4	
	M	1	—	—	—	—	—	—	—	1	—	
B36 Intestinal Obstruction and Hernia	F	—	—	—	—	—	—	—	—	—	—	
	M	—	—	—	—	—	—	—	—	—	—	
B37 Cirrhosis of Liver	F	4	—	—	—	—	—	—	1	—	3	
	M	2	—	—	—	—	—	—	1	—	1	
	F	1	—	—	1	—	—	—	—	—	—	

CAUSES OF DEATH — Registrar General's Return of Deaths in the City of Salford during the year 1972

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4weeks & under 1 year	AGE IN YEARS								
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
B46(8) Other Diseases of Digestive System	M	14	—	—	1	—	2	1	1	1	1	2	5
	F	13	—	—	—	—	—	1	—	—	1	4	7
B38 Nephritis and Nephrosis	M	3	—	—	—	—	—	2	—	—	—	1	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
B39 Hyperplasia of Prostate	M	3	—	—	—	—	—	—	—	—	—	1	2
B46(9) Other Diseases, Genito-Urinary System	M	4	—	—	—	—	—	—	1	2	1	1	1
	F	4	—	—	—	—	—	—	1	—	—	—	1
B46(11) Diseases of Musculo-Skeletal System	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	8	—	—	—	—	—	—	—	—	1	2	5
B42 Congenital Anomalies	M	6	3	2	—	—	—	—	1	—	—	—	1
	F	7	4	2	—	—	—	—	—	—	—	—	—
B43 Birth Injury, Difficult Labour etc.	M	6	6	—	—	—	—	—	—	—	—	—	—
	F	2	2	—	—	—	—	—	—	—	—	—	—
B44 Other Causes of Perinatal Mortality	M	4	4	—	—	—	—	—	—	—	—	—	—
	F	3	3	—	—	—	—	—	—	—	—	—	—
B45 Symptoms and Ill Defined Conditions	M	7	—	—	—	—	—	—	—	—	—	1	6
	F	19	—	—	—	—	—	—	—	—	—	1	18
BE47 Motor Vehicle Accidents	M	11	—	—	—	1	4	—	1	—	—	2	3
	F	7	—	—	2	1	4	—	—	1	2	2	2
BE48 All Other Accidents	M	17	—	1	1	2	4	—	—	1	3	2	3
	F	15	—	1	1	—	2	2	2	2	—	—	11
BE49 Suicide and Self-Inflicted Injuries	M	9	—	—	—	—	2	—	—	2	3	—	—
	F	12	—	—	—	—	1	1	1	2	4	3	1
BE50 All Other External Causes	M	3	—	—	—	—	1	2	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	1	—	1
TOTAL ALL CAUSES	M	952	16	12	3	3	16	11	21	92	230	304	244
	F	907	9	14	2	2	4	3	20	50	122	222	457

ENVIRONMENTAL HYGIENE

HOUSING – SLUM CLEARANCE

Unfit houses demolished or closed during 1971

Period	Dwellings	Persons	Families
1st Quarter	375	1,149	378
2nd Quarter	335	1,096	331
3rd Quarter	375	1,202	380
4th Quarter	365	1,107	365
Annual totals	1,450*	4,554	1,454

* In addition to the above, 85 houses were demolished or closed during the year as a result of individually unfit procedures under the provisions of Part II of the Housing Acts 1957-69, and a further 18 "fit" or badly arranged houses were demolished and the families rehoused in compulsory purchase orders associated with clearance areas.

Clearance Areas Represented during 1971

Area (title)	No. of Dwellings	Type of Order
Lord Nelson St. Clearance Area	147	C.P.O.
Ordsall Nos.11A/11B (Ellesmere St.) Clearance Area	246	C.P.O.
Ordsall Nos.10A/10B (Goodiers Lane) Clearance Area	261	C.P.O.
Lower Broughton No.5 (Strong St.) Clearance Area	126	C.P.O.
London St. Nos.1A/1C Clearance Areas	128	
Total unfit dwellings represented in clearance areas	<u>908</u>	

Housing Act Part III Clearance Area Compulsory Purchase Orders confirmed during 1971

<u>Title of Order</u>	<u>Type of Order</u>	<u>No. of Properites</u>	<u>Action proposed</u>
Ordsall No.8 (Belfort St.)	C.P.O.	361	Entry during 1971 and rehousing and demolition in progress
Ordsall Nos.9A/9H (Robert Hall St.) Clearance Areas	C.P.O.	518	
		<u>879</u>	

In his decision letters on the confirmation of the various orders the Minister thought fit to modify this Authority's classification as to "fitness" or "use" in only 19 cases, a modification rate of approximately 2%.

Well-Maintained Payments

The changing pattern in the award of well-maintained payments became more apparent during the year in the relatively high number (377) of payments awarded. Of this total, 88 were in respect of good internal maintenance and 23 in respect of external maintenance. The very high disparity between internal and external awards is an indication, primarily, of the aims of the majority of tenants to create internal living conditions of a reasonably high standard; it is also an indication of the failure on the part of some landlords to attempt to maintain the crumbling external fabric of the houses. There were 266 full payments awarded in respect of "wholly" well-maintained houses.

General

The housing section of the public health inspectorate was again responsible for all aspects of slum clearance; the staff employed on these duties never comprised more than two public health inspectors and three technical assistants together with a clerical officer, and at the end of 1971 this was reduced to 1 public health inspector. Other public health inspectors employed on housing duties included one specialist public health inspector and one technical assistant on improvement duties and one public health inspector on the control of houses in multiple occupation.

This general shortage of qualified public health inspectors on housing duties once again created special problems and made it impossible to continue actively on detailed property surveys or to do more than attempt a holding action on the problems of multiple occupation, or to deal with the general influx of improvement applications received.

Additional valuable assistance was given by district public health inspectors in the preparation of principal grounds of unfitness and in the presentation of detailed information and evidence at clearance area public local inquiries.

As previously, responsibility for the removal of household furnishings and effects from clearance areas and individually unfit houses, continued to be carried out by the housing section of the public health inspectorate. This service carried out on a contract basis was both effective and economical; normal removals were carried out within the City at an average cost of £5.50 per removal. Where tenants opted to arrange for and carry out their own removals, this sum was paid, after Committee approval, as an allowance towards the cost of removal.

The routine disinfestation of premises prior to demolition and of furnishings and household effects prior to removal, continued as previously and was carried out in all cases. The service is offered to all families who have found their own accommodation, free of charge. It is mandatory that all families removing from clearance areas or individually unfit houses to Council accommodation, have disinfestation of furniture carried out.

HOUSES IN MULTIPLE OCCUPATION

General

The task of inspection and control of houses in multiple occupation in Salford continued unabated during the year under review. Although due to limited staff resources, only a holding operation was adopted, with the main effort being concentrated on the worst of the known houses in multiple occupation.

Examples of these fell into two main categories:

- 1) The small unfit terraced house situated within a potential or future designated clearance area, provided with only the basic amenities suitable for a single household, and sub-let to three or even four family units, each of which paid a rental of £3 to £4 per week.
- 2) The larger three-storeyed terraced house, consisting of between three and six lettings, with a cooker and sink provided within each letting and where the bathroom and toilet facilities are shared, the house being grossly unfit, with part of the building fabric in a dangerous condition.

In both of these cases, individually unfit procedure was adopted under the provisions of the Housing Acts 1957/69 to secure either the closure or demolition of the houses.

In the past a number of wholly unsatisfactory houses in multiple occupation have been the subject of Closing or Demolition Orders or even Housing Act, Part III Clearance Area, Compulsory Purchase or Clearance Orders. These are really the ultimate weapons in eradicating the worst cases of multiple occupation, where other control procedures under the Housing Acts have failed.

Control of dwellings in multiple occupation under Housing Act powers is a time-consuming process:—

Restriction of the number of occupants by Direction Orders does not become effective until the numbers fall by natural means below the level prescribed.

Control by Management Orders and Notices requiring the provision of amenities or the remedying of unsatisfactory conditions takes up to one year to become effective and Court enforcement is also time-consuming with the level of penalties invoked not appearing to be a real deterrent. The alternative of works in default is often prohibitively expensive.

During the past year the public health inspectorate and the City Engineer's Planning Assistants have been engaged in extensive liaison with a view to co-ordinating the control of houses in multiple occupation under both the housing and planning legislation.

Planning control is a very useful weapon in restricting the increase in houses in multiple occupation to those which satisfy a criterion which is of a higher standard and more comprehensive than the legal minimum standard designated under the housing legislation. There is a place and need within our general housing policy for the

dwelling in multiple occupation with shared facilities, providing such houses are effectively managed, and there is a reasonably adequate standard of facilities provided in relation to the number of occupants catered for, and in particular that within each letting a separate kitchen with adequate means of external ventilation is provided to obviate condensation and cooking odours. Conversely, there is a definite need for a stringent policy of planning act enforcement and refusal on all dwellings in multiple occupation, which are only adequate in size and amenities for one family unit.

A policy of encouraging owners of houses in multiple occupation or any suitably sized house in single occupation, situated in good class residential areas, to utilise the generous improvement grants available to convert these houses ideally into self-contained flats where possible is being pursued, providing that the overall planning criteria of parking space, adequacy of other facilities in regard to the number of occupying families envisaged, fire escape facilities and in particular refuse storage and general amenity provision, are all effectively covered.

In houses in multiple occupation where it is not feasible to convert into self-contained units, owners are encouraged to use special grants to upgrade the ratio of facilities in common use to the number of occupants, on condition that within each letting a separate kitchen with adequate means of external ventilation is provided.

Control procedures

Houses in multiple occupation are generally subject to control procedures under the various provisions of the Housing Acts 1957-69, and the regulations made under these Acts. Informal and persuasive action resulted in some 189 letters being sent to owners and 217 separate Statutory Notices, Management or Direction Orders being served during the year and 3 specific referrals were made for investigation by the Chief Fire Officer.

Some 1,252 individual visits were made during the year to houses in multiple occupation, the bulk of these visits being concentrated on one half of the houses in multiple occupation, comprising newly discovered or unsatisfactory ones. Within the total number of visits made, 66 visits were in respect of applications for rehousing on health grounds.

The control and improvement of houses in multiple occupation requires careful judgement by a mature and experienced inspector of the merits and demerits of each particular case or problem arising either from a complaint or in the course of routine surveillance. An example came to light recently of a house in multiple occupation, where the bathroom which was supposed to be in common use was being used as a bedsitter with the occupant's makeshift bed situated above the bath. Further to action being taken to remedy this matter, a petition of mitigation on this occupant's behalf was received from the rest of the tenants who contended that they did not require any bathroom facilities.

During 1971, the necessity for the institution of legal proceedings under both the Public Health and Housing Act Legislation arose in one case where a statutory nuisance and works required under Section 14 of the Housing Act 1961 in respect of poor management, were not abated within a reasonable period of time. After summary conviction and quarter sessions appeal, the house was ultimately vacated, renovated and subsequently relet.

In another case of suspected multiple occupation, the necessity for the application to a Magistrate for a Warrant to gain entry to the premises, if need be by using force, arose after the Public Health Inspector was repeatedly obstructed and threatened with violence by the owner of the house in multiple occupation.

The problem of inadequate refuse storage facilities or their improper use continued to be a very prevalent one, and one which gave rise to the greatest number of complaints by the public. Especially in cases of multiple occupation, where a combination of poor or non-existent management by the owner and poor class tenants prevailed. Only by the application of rigorous supervision on the owner's behalf can this problem be contained.

Legislation	Notices Served	Notices Abated	Notices Outstanding
Housing Acts 1961/64/69	14	5	9
Public Health Act 1936	85	76	9
Salford Corporation Act 1955	91	81	10
Management Orders Applied	26 orders made		
Direction Orders applied	1 order made		

Statistical Information

(A)

(a)	Number of H.M.O. properties on register at end of 1970	531
(1)	H.M.O. properties included in clearance area or individually unfit procedures	14
(2)	H.M.O. properties now reverted to 1 family	3
		<u>514</u>
(b)	New cases of multiple occupation found during 1971	28
	Total H.M.O. properties on register at end of 1971 (N.B. No formal registration scheme is in operation)	<u>542</u>

(B)

(b)	The extent of the problem	
(1)	Total on register	542
(2)	Suspected but not yet detected	300

Estimated total number of houses in multiple occupation 842

IMPROVEMENT GRANTS AND AREAS

The results obtained this year on completed grant applications have improved and are showing a slight increase over the previous two years. The number of dwellings improved with grant assistance totals 180 and a larger proportion of these have been for full improvement grants rather than standard grants than has been experienced in previous years.

Applications for grant assistance during the year totalled 208; of this figure 158 Standard and 46 Improvement Grants were approved by Council. There were 4 refusals due principally to the unsatisfactory conditions or inadequate life expectancy of the properties. The trend towards Improvement instead of Standard grants is increasing as applicants are taking the opportunity of fully improving their property.

The five Compulsory Improvement Areas (Housing Act 1964) show very little increase in improvements completed in previous years as the statistical table for these areas will show.

Grant payments for the year have totalled £25,683 at an average grant payment for each dwelling of £142.20 an increase of 17½% per unit over 1970. This increase is due partly to increased cost but also to the increased amounts spent on full improvements.

Publicity

Inquiries received subsequent to the House Improvement month and National publicity enquiries forwarded from the Department of Environment, are followed up. Visits are carried out and the possibilities of grant assistance towards improvement fully explained to the interested parties.

Tenants' Representations

The number of Tenants' Representations received during the year has fallen considerably and only 15 applications were received for the Council to exercise their powers to obtain the provisions of amenities. This situation could be due to the lengthy legal procedure which has to be gone through before any satisfaction may be obtained.

Qualification Certificates

Applications for Qualification Certificates received up to date now total 564.

The majority of these have been investigated and are in various stages of the necessary procedure.

In the majority of applications, upon inspection it was found that repairs of some description were required before a Qualification Certificate could be issued.

There were 52 Provisional Qualification Certificates and 97 Final Qualification Certificates issued during the year. There were also 4 Refusals during the year.

This is a considerable increase on last year's figures. Landlords are now realising the advantage of this procedure and applications for Qualification Certificates are showing a steady increase.

General Improvement Areas

The results of the proposed Montford Street General Improvement Area have so far not been encouraging. Part of the area has already been found to be unsuitable due to the high cost and a further survey of the remainder is being undertaken at present; doubts as to this section being a viable proposition are being expressed.

Further areas throughout the City are at present under consideration as possible areas suitable for General Improvement Areas procedures.

Table 1

Progress Within Compulsory Improvement Areas

Area	Total Dwellings	Dwellings Tenanted	Owner Occupied	Dwellings to be improved	Improvement Compl'd	Expiration of 5 year Deferment Period
Lower Broughton	239	154	85	234	132	7th January, 1970
Langworthy No.1	326	235	91	326	167	28th July, 1970
Duchy Road	115	69	46	105	53	5th January, 1971
Seedley No.1	460	323	137	392	228	28th June, 1972
Littleton Road	485	207	278	450	16	

Table 2

Progress following Tenants' Representations

Year	No. of Representations	Notices Served	Grant Applications	Completed Improvements
1965	33	58	Nil	Nil
1966	20	28	25	Nil
1967	55	57	27	32
1968	32	71	32	18
1969	53	8	14	22
1970	64	107	12	14
1971	15	19	7	6
Totals	272	348	117	92

PEST CONTROL

The pest control section provides a complete service for landlords, tenants and occupiers of dwelling houses, business and commercial premises in the City, to eradicate infestations of rats, mice, pigeons, household flies, beetles and other pests.

The section is supervised by a Specialist Public Health Inspector, who is also responsible for the supervision of the public toilets system within the City.

Disinfestation

The work of disinfestation is carried out by two full-time operators transported from job to job in a light van. During 1971 over 8,490 miles were covered on routine disinfestation work by the van which is equipped with a full range of modern disinfestation equipment, viz.

1. Electric fogging machine,
2. Powder blower which discharges insecticide mixed with nitrogen at 100 lb. per square inch pressure,
3. Cylinders of nitrogen,
4. Liquid spraying machine,
5. Formulations of insecticides in Kerosene, water suspension, emulsions and in dry powder.

A nominal charge of 40p. per room is made to occupiers of dwelling-houses and a charge to business premises is made on the basis of time and material used. In all cases of hardship a free service is given.

The following table shows the volume of work carried out during the year:—

<u>Insect Infestation</u>	<u>No. of treatments</u>
Cockroaches	424
Bed bugs	191
Larder beetles	50
Fleas	42
Wasps	32
Lice	9
Golden spider beetles	4
Flies	15
Ants	20
Mites	11
Earwigs	1
Wood-boring beetles	3
Silver fish	4

In addition to the 806 treatments for specific infestations, 1,488 slum clearance dwelling-houses, furniture and effects of the families were sprayed with insecticide prior to the removal of the families to new houses.

Rodent Control

A staff of one foreman and four operators ensure as far as practicable that the City is kept free from rats and mice. The charge for the operator's time is 83p. per hour, inclusive of time and materials used for the treatment of mice in all types of premises, and for rats in business premises only. In all cases of hardship, a free treatment is given.

During the year 1,729 complaints were received at the Health Department. On investigation 249 premises were treated for rats and 676 were treated for mice, an increase of 13 treatments for rats and an increase of 207 treatments for mice on last year.

Using fluoroacetamide the whole sewer system was baited again this year. A muslin bag containing 3ozs. of the poison was suspended into the manholes and left. No further visits were required as one small take of the poison is fatal to a rat.

The following table shows the number of manholes treated using fluoroacetamide:—

	Total No. of Manholes in the system	Total No. of Manholes treated
Salford 1/13	853	530
Broughton 1/11	732	491
Pendleton 1/17	1,408	1,076
	<hr/>	<hr/>
	2,993	2,097
	<hr/>	<hr/>

Pigeon Control

Portable pigeon traps were placed at strategic sites within the City, on the roofs of surface air-raid shelters and on factory roofs. The traps accounted for the capture of 742 feral pigeons. All the birds were taken to the local R.S.P.C.A. centre and humanely destroyed.

PUBLIC TOILETS

There are eleven public toilets situated in various sites throughout the City, each provided with full convenience and hand-washing facilities. In addition, there are seven sites where only male urinal facilities are available.

One additional public toilet is in the advanced planning stage, this block will have special facilities for handicapped persons of both sexes.

At present the labour force consists of a foreman/driver, 1 cleaner/driver, 2 male

cleaners and 3 female cleaners. The cleaners are split into three teams, one male and one female in each team, working a 40-hour week, 8-0 a.m. to 4-30 p.m., on five out of seven days. On Mondays the three teams are working as this appears to be the "heaviest" due to misuse of the toilets over the week-end. The rest of the working week only two teams are working daily. The teams work to a schedule which covers the cleansing of all toilets twice per day. The teams are conveyed around the toilets by a van driven by the foreman for five days and by the driver/cleaner on the remaining two days, or by public transport.

Vandalism of public toilets is a national problem and Salford has been badly hit over the years due to the fact that all the toilets were unmanned and open for 24 hours. Toilets rarely remained open for more than a few days before having to be closed for extensive repair and it was particularly frustrating to be criticised for a poor public convenience service when they were reduced to chaos within a few hours of being re-opened.

In October a new scheme was put into operation to try to combat this costly vandalism. The scheme allows for certain toilets to be closed at night. This entails the foreman or driver/cleaner locking 7 toilets between 9-30 p.m. and 10-30 p.m. each night, leaving 4 toilets open for 24 hours.

Although this scheme has only been in operation for a short time, a marked improvement has been found in the cleanliness and a dramatic reduction in the cases of vandalism. The staff feel that they are not now fighting a losing battle.

DRAINS AND SEWERS

During the year 2,482 complaints were received at the Health Department and investigated by the Specialist Public Health Drainage Inspector and his two assistants in respect of defective drains and sewers. Blockages which could be removed easily by rodding or plunging were cleared and no charge made for this service.

Work was carried out by the City Engineer at the Medical Officer's request on 48 sewers under Section 24, Public Health Act 1936. The work was inspected whilst in progress and on completion by the Drainage Inspector. The Highways Surveyor's Department of the City Engineer and the Drainage Inspector are in daily contact dealing immediately with urgent sewer complaints as they arise.

Proceedings were taken by the Corporation in Salford County Court for recovery of cost of work carried out to one length of sewer. The amount involved was for £33 in respect of one apportionment and was a "test case" brought by several owners and defended. After the hearing the judge found for the Corporation with costs against the owner.

Work was carried out at 18 premises in default where Notices under Section 39, Public Health Act 1936, had been served. The cost of this work was £712.18½ which is recoverable from the owners of the property concerned. Contractors on the whole co-operate with the Drainage Inspector in carrying out work to drains and sewers and usually advice and assistance is sought whilst work is in progress. All drainage work is subject to test on completion by smoke, water, or colour, depending on the nature of the work carried out.

One drain blockage occurred during the year at a detached house where the cellar was flooded, and no knowledge of the drains was known and there were no plans available due to the age of the house. The owner was reluctant to have the Corporation carry out the work, and he resorted to exposing the drains himself. After several days of exposing the drains and making no progress, he requested the Corporation to carry out the work. A mechanical digger was brought to the house and the drain traced by a series of excavations over a distance of 40 yards to an inspection chamber, which was buried five feet below ground level on an adjacent garage forecourt. The blockage was removed and the chamber constructed to ground level and fitted with a cover.

Isolated complaints of sewer gas were received and investigated and dealt with by the Drainage Inspector if the drain was defective or the Trade Effluent Inspector when it was found the smell complained of was in the sewer.

The Drainage Inspector and Pests Inspector co-operate where work is involved in opening up yards and passages to investigate rat complaints. Smoke testing of drains and sewers is the method adopted in tracing rat runs.

Water percolations into basements, cellars, and sub-floor cavities were investigated and drain colour tests carried out to discover the fault. Manchester Corporation Water Department assisted the Drainage Inspector in testing water mains and taking samples for chemical analysis.

Drain and sewer blockages are regarded as the most urgent of all sanitary defects and on the whole, landlords and agents give priority to this work. Informal notification by the Specialist Drainage Inspector in most cases is all that is necessary to have the work carried out.

ATMOSPHERIC POLLUTION

1971 in the history of this ancient City will be marked as the year when the Health Committee made its final Smoke Control Orders and these were subsequently approved by the City Council, and confirmed by the Minister of the Environment on 10th December, 1971, to come into operation on the first day of July, 1972.

This will make Salford the first City in Europe to cover the whole of its Area with operative Smoke Control Areas.

The effect of Smoke Control Areas on the City's atmosphere is quite noticeable, we now have more hours of sunshine during winter periods where previously the days would have been dark and gloomy. This is due to the removal of the smoke pall which enveloped our City like a shroud and which aggravated all forms of respiratory complaints.

The measurement of the smoke and sulphur content of the City's atmosphere has continued. In point of fact the measurement of pollution in the atmosphere of the City was first commenced in 1931 and has continued ever since.

In 1931 sulphur in the City's atmosphere was recorded as 465 microgrammes per cubic metre of air, but the highest recording was made in 1955 when 520 microgrammes were recorded.

The highest recording made of the smoke content of the City's atmosphere was made in 1949, when 648 microgrammes of smoke per cubic metre was recorded.

The effect of smoke control on the sulphur and smoke content of the atmosphere is shown in the pollution measurements taken during 1971, and compared with recordings made over the past 10 years.

<u>Year</u>	<u>Smoke</u>	<u>Sulphur (S^o2)</u>
1962	377	331
1963	320	316
1964	298	295
1965	254	279
1966	236	252
1967	225	197
1968	153	177
1969	201	220
1970	221	160
1971	195	163

It is pleasing to note that the measurable pollutants in the atmosphere are gradually reducing and it is to be hoped that in the near future many of the surrounding authorities will also complete their smoke control programme thus reducing the amount of smoke and sulphur which is carried into the City by air movement.

Smoke Control – Industrial

During the past year fourteen applications have been made by private firms to replace or install new boiler plants in their premises. The trend is to use oil as the firing medium and, in a few cases, gas. All applications made were approved after consultation with the firms concerned and where it was necessary to erect a chimney stack the matter was referred to the Town Planning Officer for his observations.

In all cases industrialists were agreeable to suggestions made by the Health Department to achieve effective dispersal of pollutants.

In addition to private applications, a large number of furnaces within the City in municipal buildings which were originally coke-fired have now been converted to gas or oil-fired.

Prosecutions and defences

By taking advantage of powers laid down in the Clean Air Act, 1968 a successful prosecution was obtained against a motor vehicle dismantler for indiscriminate burning of a motor vehicle on an open site, causing black smoke contrary to the provisions of the Act. In other cases where this type of offence was committed, informal action prevented an occurrence of the offence.

During the year, 250 smoke observations were made on industrial chimneys but it was not necessary to resort to legal action, informal action being all that was necessary to abate the nuisance.

NOISE CONTROL

Complaints of excessive noise have been received at the Health Department during the year; all have been investigated, but it is not always possible to satisfy every complainant. This is due to the various types of noise complaints which are received and the many kinds of premises and situations from which the noise emanates. In most cases of noise nuisance informal methods of control are used. However, during the year, it has been necessary in two instances to resort to legal proceedings. In both cases the Stipendary Magistrate upheld the views of the Department and made Abatement Orders. The control of noise levels within the City is a very important function of the Health Department. When we consider that a rise in the ambient noise level in a particular neighbourhood of 3 decibels is imperceptible to the human ear and should this recur over a period of three or four years the ambient noise level would rise by 10 decibels. The Department of the Environment are concerned about the increase of noise levels in urban areas to the extent of appointing a Noise Advisory Council who formed a working group under the Chairmanship of Sir Hilary Scott to study further the working of the Noise Abatement Act, to formulate proposals for strengthening it and to report. The Group have now reported with the comprehensive report entitled "Neighbourhood Noise" in which all aspects of noise as it affects workers is dealt with. It deals with possible ways of controlling rising noise levels and suggests new legal proceedings and recommends investigation into the possibility of creating noise control areas; this is a technical problem and not a financial one.

MEAT INSPECTION

Carcases inspected and condemned

	Cattle excluding cows	Cows	Calves	Sheep & Lambs	Pigs
Number killed	2,834	1,023	—	13,586	—
Number not inspected	—	—	—	—	—
All diseases except Tuberculosis and Cysticerci					
Whole carcases condemned	—	—	—	5	—
Carcase of which some part condemned	—	—	—	6	—
Tuberculosis only	—	—	—	—	—
Cysticerci					
Carcase of which some part/ organ condemned	9	—	—	8	—
Carcase submitted to refrigeration	—	—	—	—	—
Generalised & totally condemned	—	—	—	—	—

Weight of meat and offal rejected from animals slaughtered.

	<u>Tons</u>	<u>Cwts.</u>	<u>Qtrs.</u>	<u>Lb.</u>
Full carcases	—	1	2	2
Part carcases	—	—	1	11
Offal	2	12	1	27
TOTAL	2	14	1	12

CHOLERA

Public Health (Aircraft) Regulations 1966

In September the Barcelona Province of Spain was declared a Cholera infected area, and under the above Regulations notifications were received from all the various airport authorities of all travellers returning to this City from the infected area.

Fortunately the time of the outbreak was the end of the holiday season, but in this period 151 persons were visited, placed under surveillance and faecal specimens submitted for bacteriological examinations.

From the 151 contacts, two persons were admitted to Isolation Hospital, another two were found to be suffering from Salmonella food poisoning, but no cases of Gholera were confirmed.

POULTRY INSPECTION

There are three establishments in the City where poultry are Koshered for the Jewish community.

1 Poultry Slaughterhouse

Under the direct supervision of the ultra orthodox Machzikei Hadass. Approximately 1,000 chickens, hens, turkeys and geese are Koshered on the premises every week.

2 Poultry Dressing Premises

Poultry are Koshered in a neighbouring authority and transported to these premises for feather plucking and evisceration. The weekly throughput is approximately 200 birds.

3 Kosher Poultry Retailer

An average of 200 chickens and hens per week which have been Koshered in a neighbouring authority are received at this shop, where they are prepared for retail sale.

DYSENTERY IN DAY NURSERY

In October 3 children from 1 family, attending a day nursery, were found to be suffering from Sonne Dysentery.

As is the custom in these matters, faecal specimens were submitted from all children and members of the staff at the nursery. The results showed that 21 children out of 50 and 1 member of the staff, whilst mainly symptomless, were found to be positive.

All infected children and staff were excluded from the nursery until 3 consecutive negative faecal specimens were submitted.

FOOD HYGIENE

The new Salford City Shopping Precinct has been virtually completed during the year and together with the contiguous new Market which was completed the previous year, comprises a new City Centre of which Salford is proud. The City Council have at the same time demolished a large number of unsatisfactory shops and food premises notably on Broad Street and there is no doubt that standards have risen thereby.

A close watch has been kept on the hygienic practices of the traders in both the Market and Shopping Precinct to ensure that the best use is made of the facilities provided. In general, the co-operation between the food traders and the Public Health Inspectors of the Health Department has been excellent, but in one case a prosecution was instituted against a market trader because of repeated failure to comply with the Food Hygiene Regulations.

The case concerned six bales of bacon of about half a ton in total weight which were stacked for about twenty-four hours on the floor of the refuse store. The defendant was fined £15 for exposing the bacon to the risk of contamination. He appealed to the Quarter Sessions, but the Appeal failed and the fine was left unchanged. The way large quantities of bacon were handled and stored by this trader had been causing concern for some time and it was felt that firm action was necessary to prevent such practice. A great improvement has been noted since the prosecution in the way that bulk bacon is stored by this trader.

Itinerant food traders continue to be a problem particularly as registration powers do not exist in Salford. Complaints have been received from the public and from shop traders about conditions on vehicles and stalls and even about the selling of meat and other food from the boots of cars outside public houses etc. There are obvious enforcement difficulties due to the mobility of itinerant traders but a great deal of work has been done to improve conditions with those traders known to the Health Department. In one case a prosecution was instituted for selling wet fish from a vehicle which was not provided with a water supply, soap, towel, nail brush or first aid box. A fine of £17 was imposed by the Stipendiary Magistrate.

Bacteriological Sampling of Foodstuffs

Ice-cream

21 samples were taken from retail points, mainly from sources selling unwrapped ice-cream.

The results were as follows:—

<u>No. of samples</u>	<u>Grade</u>
20	1
1	2

Routine inspections of manufacturer's premises and retail vehicles were made regularly throughout the year.

Liquid Egg

34 samples were taken during the year for efficiency of pasteurisation, all of which were found to be satisfactory.

Desiccated Coconut

Regular inspections were again carried out at the coconut pasteurisation plant situated in the City, and 32 samples were taken for bacteriological examination.

Milk

198 samples of milk for bacteriological examination were taken by the department's public health inspectors, the results of which are given in the following table:—

<u>Test</u>	<u>Milk</u>	<u>No. Tested</u>	<u>Pass</u>	<u>Fail</u>
Methylene Blue	Untreated	—	—	—
Methylene Blue	Pasteurised	121	108	13
Phosphatase	Pasteurised	121	119	2
Turbidity	Sterilised	75	75	—
Colony Count	Ultra heat treated	2	2	—

Milk Supplies — *Brucella Abortus*

As no untreated milk is sold in Salford, no raw milk samples were taken.

Unsound Foods

The following table shows a list of food surrendered for Destruction during the year.

	<u>lb.</u>
Tinned meat	2,315
Fresh Meat	422
Tinned fruit	1,436
Tinned vegetables	200
Tinned beans	32
Tinned soups	96
Powdered soups	47
Tinned tomatoes	77
Bacon	3,645
Flour & cereals	176
Dried fruit	717
Coconut	1,611
Jams	8
Beans	19
	<hr/>
	10,801
	<hr/>

Tons	Cwts.	Lb.
4	16	49

In addition, 8,924 items (packets) of frozen foods were surrendered for destruction and letters issued by this department confirming that destruction had been carried out.

The majority of these items had been subjected to unrefrigerated conditions due to refrigerator breakdown.

List of Food Premises subject to the Food Hygiene (General) Regulations, 1970

Bakehouses	—	46
Butchers	—	143
Cafes and Restaurants	—	77
Chicken Barbecue Shops	—	7
Fish and Chip Shops	—	116
Food Supermarkets	—	22
Food Manufacturing Premises	—	11
Greengrocers and Fishmongers	—	160
Grocers Shops	—	570
Public Houses, Hotels and Licensed Clubs	—	268
Sweet Shops	—	180
Works, School and Institutional Canteens	—	272
Wholesale Grocery Warehouses	—	6
		<hr/>
TOTAL		1,878
		<hr/>

PUBLIC ANALYST'S REPORT

Messrs. Meiling and Ardern are the appointed Public Analysts to the City, and the following is their report:—

During 1971, 805 samples were analysed, consisting of:—

Milk 209, Flour Confectionery 39, Tinned Fruit/Vegetables 36, Soft Drinks 33, Sauce/Pickles 32, Tinned Meat Products 29, Cooking Fat/Oil 21, Tinned/Packet Soup 19, Beef/Pork Sausage 18, Drugs/Medicines 17, Butter 15, Herbs/Spices 15, Tinned Milk Pudding 14, Fresh Fruit/Vegetables 14, Baby Food 14, Tinned Fish Products 13, Jam/Curd/Marmalade 13, Jelly 13, Bread 13, Margarine 12, Meat/Fish Spread 12, Cheese/Cheese Spread 11, Dried Fruit 11, Meat Pies etc. 11, Puddings/Tinned Pudding 10, Baking Powder 9, Instant Coffee 9, Evaporated Milk 9, Sweet Desserts 9, Tea 7, Fresh Fish 7, Tinned Fruit/Vegetable Juice 6, Sweets 6, Breakfast Cereal 5, Flour 5, Spirits (Formal) 4, Mustard 3, Food Flavouring 3, Custard/Cornflour 3, Trifle 3, Glace Cherries 3, Condensed Milk 3, Cake Decorations 3, Two each of: Bacon, Double Cream, Gravy Salt/Browning, Cake Mix, Dried Milk, Dried Cereal, Cocoa, Bicarbonate of Soda, Mincemeat, Blackcurrant Health Drink, Instant Potato Mix, and One each of the following:— Yeast, Coffee Mate, Crisps, Crispbread, Tea Cake, Cheese & Onion Pie, Sauce Mix, Gravy Mix, Puff Pastry, Turkey Breast in Jelly, Roast Beef, Baked Beans & Minced Beef, Lemon Juice, Soured Cream, Soft Cheese, Prepared Blackcurrants, Cornflake Crumbs, Ritchoc Block, Top of the Milk, Chocolate Spread, Chocolate Sauce, Toast, Chicken in Jelly, Cochineal, Barmcake, Salad Cream, Chipsticks, Milk Shake, Yogurt, Peanut Butter, Black Pudding, Yeast Extract, Sandwich Spread, Bacon Ribs, Coleslaw, Cut Mixed Peel, Ravioli with Sauce, Fried Fish, Spaghetti with Sauce, Icing Sugar, Marzipan, Curried Beans.

The 206 routine samples of milk submitted were free from preservatives, colouring matter, and of a satisfactory quality. The three complaint samples contained vegetable issue, a house fly, which had not undergone a heating process, and a wasp, which had undergone a heating process, respectively.

During the year a further 31 samples were reported as not being up to standard as follows:—

Three samples were concerned with insects, namely:—

Potato & Meat Pie

containing a beetle identified as *Serica brunnea*.

Fried Fish

containing a larva of *Dermestes Peruvianus*.

Tea-N-Toast

Large White Loaf

containing a common house fly.

Examination, including enzymic tests, indicated all the insects had undergone a heating process.

Three samples were concerned with foreign matter, namely:—

Crisps

The sample consisted of several large lumps of a blackish substance, this was shown to consist of fat, charred starchy debris together with cellular tissue.

Plum Jam

containing a mass of coloured textile fibres.

Meat & Potato Pie

containing three small pellet shaped objects identified as rodent excreta. From my examination, I am of the opinion the objects had not undergone a heating process.

Apricot-Rice Dessert (Baby Food)

Tomatoes

Both samples were contaminated with mould growth.

Puff Pastry

Assorted Cakes

Both samples were rancid on receipt.

Two Samples of Beef Sausage

Both samples had an excessive fat content.

Cheese & Onion Pie

Both the pastry and filling were dried and grossly overcooked to such an extent as to render the pie unsuitable for consumption.

Mixed Pickles

The sample contained 150 parts per million Sulphur Dioxide Preservative. The Preservatives in Food Regulations 1962 permit mixed pickle to contain not more than 100 parts per million Sulphur Dioxide Preservative. The sample therefore contained excess Sulphur Dioxide Preservative. A follow-up sample was satisfactory.

Dried Marjoram

This sample had a lead content of 18 parts per million. The Lead in Food Regulations 1961 require that dried rubbed herbs contain not more than 10 parts per million of lead. The sample therefore contravenes these Regulations.

Garden Peas

Examination showed the presence of a variety of spoilage bacteria including flat-sour organisms in this sample.

Yogurt

This sample had an acidity of 1.8 per cent. as lactic acid, this confirms the complaint of a sour taste.

Black Pudding

The sample consisted of one cooked and one uncooked black pudding. Whilst the constituents of the puddings were quite normal, both samples had "dried out" particularly the uncooked sample.

Bacon Ribs

Chemical examination showed that the sample was putrefying and unfit for human consumption.

Tomato Soup

The inside of the can showed distinct signs of corrosion.

Sultanas

The sultanas had dried out and in my opinion were old stock.

Finally, ten samples, namely:—

Beef PieChicken in JellyMinced Steak Pie (uncooked)Minced Steak Pie (uncooked)Stewed Steak with GravyStewed Steak with GravyPork PiePork SausageSteak & Dumplings with GravySkinless Beef Sausage

All deficient in meat content.

Follow-up samples of the Steak & Dumplings with Gravy and the Skinless Beef Sausage were satisfactory.

The samples of fresh Fruit/Vegetables examined for pesticide residues gave satisfactory results. The various samples of fresh and tinned fish examined for mercury content also gave satisfactory results.

Number of samples analysed during the year 1971

Milk	209
Flour Confectionery	39
Tinned Fruit/Vegetables	36
Soft Drinks	33
Sauce/Pickles	32
Tinned Meat Products	29
Cooking Fat/Oil	21
Tinned/Packet Soup	19
Beef/Pork Sausage	18
Drugs/Medicines	17
Butter	15
Herbs/Spices	15
Tinned Milk Pudding	14
Fresh Fruit/Vegetables	14
Baby Food	14
Tinned Fish Products	13
Jam/Curd/Marmalade	13
Jelly	13
Bread	13
Margarine	12
Meat/Fish Spread	12
Cheese/Cheese Spread	11
Dried Fruit	11
Meat Pies etc.	11
Puddings/Tinned Pudding	10
Baking Powder	9
Instant Coffee	9
Evaporated Milk	9
Sweet Desserts	9
Tea	7
Fresh Fish	7
Tinned Fruit/Vegetable Juice	6
Sweets	6
Breakfast Cereal	5
Flour	5
Spirits (formal)	4
Mustard	3
Food Flavouring	3
Custard/Cornflour	3
Trifle	3
Glaze Cherries	3
Condensed Milk	3
Cake Decorations	3
Bacon	2
Double Cream	2
Gravy Salt/Browning	2
Cake Mix	2
Dried Milk	2
Dried Cereal	2

Cocoa	2
Bicarbonate of Soda	2
Mincemeat	2
Blackcurrant Health Drink	2
Instant Potato Mix	2
Yeast	1
Coffee Mate	1
Crisps	1
Crispbread	1
Tea Cake	1
Cheese & Onion Pie	1
Sauce Mix	1
Gravy Mix	1
Puff Pastry	1
Turkey Breast in Jelly	1
Roast Beef	1
Baked Beans & Minced Beef	1
Lemon Juice	1
Soured Cream	1
Soft Cheese	1
Prepared Blackcurrants	1
Cornflake Crumbs	1
Ritchoc Block	1
Top of the Milk	1
Chocolate Spread	1
Chocolate Sauce	1
Toast	1
Chicken in Jelly	1
Cochineal	1
Barmcake	1
Salad Cream	1
Chipsticks	1
Milk Shake	1
Yogurt	1
Peanut Butter	1
Black Pudding	1
Yeast Extract	1
Sandwich Spread	1
Bacon Ribs	1
Coleslaw	1
Cut Mixed Peel	1
Ravioli with Sauce	1
Fried Fish	1
Spaghetti with Sauce	1
Icing Sugar	1
Marzipan	1
Curried Beans	1
<hr/>	
805 Total	

SWIMMING BATH WATER

Inspection of baths and routine sampling of bath water was carried out during the year both at the public and school baths.

71 samples were submitted to the Public Health Laboratory for bacteriological examination; of these 5 were unsatisfactory and were investigated and corrected.

75 samples were submitted to the City Analyst who reported that 9 were lower than the recommended level of free chlorine and 5 were higher than the recommended level.

The necessary action was taken to rectify the chlorine levels.

Mains Tap Water

7 samples of tap water were taken during the year; 2 unsatisfactory results were reported to the water authority who rectified the supplies.

SHOPS ACT, 1950

The City Council made an Exemption Order during the year which had the effect, together with existing Exemption Orders, of exempting all the shops in the new Malford City Shopping Centre from observing an early closing day. Shops in the Centre may therefore trade for six days per week if their proprietors so wish.

It is of course a condition of the Exemption Order that staff are entitled to a weekly half-holiday. A survey has established that most shops in the Centre are taking advantage of the Exemption Order and that staff are receiving their half-holiday. In fact a substantial number of the larger employers are operating a six-day trading week with a five-day working week for staff. The situation will be kept under review to ensure that staff receive their entitlement.

Sunday trading contraventions have continued to be troublesome but disputes have been resolved without recourse to legal proceedings.

PET ANIMALS ACT, 1951

Licences have been issued for thirteen pet shops this year and all licensed shops have been inspected during the year.

It has been an uneventful year, there having been no cases of cruelty or neglect in pet shops during the year. The premises where problems arose due to the keeping of poisonous snakes in former years have closed. Most pet shops in the City at present keep only fish and birds and those which do handle mammals are only dealing in small numbers of hamsters, rabbits etc.

HAIRDRESSERS AND BARBERS

Six additional premises have been registered during the year after being inspected to ensure compliance with the Byc-laws.

There have been no complaints from the public during the year but routine inspections have been carried out at thirty-eight of the existing premises on the register. There have been no prosecutions during the year, improvements having been achieved informally.

OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963

The completion of the new Salford City Shopping Precinct, together with the consequent demolition of a substantial number of the unsatisfactory shop premises, has undoubtedly transformed shopping facilities and working conditions for shop workers in the City. For the first time Salford has a major shopping centre with numerous large and medium size stores with excellent facilities and equipment for the staff.

Good progress has been made with demolition of many of the existing unsatisfactory premises notably on Broad Street, although there is still some way to go in other parts of the City, with demolition of unsatisfactory shopping areas.

A close relationship has been established during the year with developers and tenants in the new shops to ensure that the Act is complied with at the outset.

Safety Requirements

Floors, Passages & Stairs

The obstruction of passages and stairs is still a common problem and also the maintenance and provision of hand rails on staircases. In the new shopping precinct hand rails were not provided by the developers and a surprising number of occupiers omitted to provide hand rails and in two cases even failed to fence a stair well until required to do so.

Food Slicing Machines

The booklet SHW14 on the subject of the safe use of food slicing machines has been widely issued in premises where food slicers are used. It has been well-received and has undoubtedly resulted in a greater awareness of the need for care in the use of these machines. In particular there is evidence that the practice of requiring young persons with insufficient training to clean and operate food slicers has decreased drastically. However, although the situation has improved, there is no cause for complacency even though in Salford there have been no accidents on food slicers this year. There is still evidence of unsatisfactory methods of cleaning and operation of slicers and some resistance by operators to the eradication of out-dated methods. Inspectors have used booklet SHW14 in conjunction with the Food Hygiene Code of Practice No.8 which contains guidance on hygienic cleaning methods to educate operators in both safety and hygiene.

Lifts & Hoists Regulations 1968

A surprising case arose during the year in the new shopping precinct with a new goods lift in the meat department of a supermarket. The inspector found that the shop assistants were using meat skewers to defeat the interlocks on the lift gates. This was

possible because a circular hole was present in the lift door for use by engineers as an emergency release arrangement instead of the more usual release arrangement involving the use of a specially shaped key.

A serious view was taken of this, particularly as this was a new lift and likely to be installed in other premises, and the case was therefore referred to the Regional Officer of the Factory Inspectorate who agreed to discuss the design of the lift at national level with the manufacturers. The lift in Salford has now been adapted.

Mechanical Handling of Goods

There have been no problems this year with mechanical handling of goods. In previous years there have been difficulties with teagle openings and with the failure to provide canopies on fork lift trucks to protect the heads of drivers. Both these matters were not adequately provided for in the Act, and had been resolved informally where possible.

Accidents

Twenty-five accidents have been notified this year, which is eight more than last year's total. However, last year was exceptionally low and that the figures do not therefore seem to indicate a decided trend.

None of the notifiable accidents was fatal, but a fatality did occur at one office in the City. This was a case of suicide and the Public Health Inspector attended the request to ascertain the facts. No action was appropriate in this case.

In addition to the notifiable accidents there was a serious accident to a child in a coin-operated launderette which was not notifiable because the child was a customer and not an employee. However, an investigation was carried out into the circumstances in which the child's arm was drawn into a spin dryer due to a brake failure when the lid was opened. This accident illustrates the hazards which exist and the lack of supervision available in coin-operated launderettes.

Investigation of Notifiable Accidents

Accident investigations are carried out when it is thought likely that advice can be given to prevent a recurrence or where a contravention of the Act may have occurred or if the Inspector is not familiar with the premises concerned. Investigations were carried out in 55% of the cases notified and action included informal advice and in some cases warnings.

Causes of Notifiable Accidents

Falls

Thirty-six per cent of accidents were caused by falls and as usual this was the most common category.

Handling Goods

Twenty-eight per cent were due to handling goods and predominantly again these

accidents occurred in licensed premises.

Other Causes

Included one machinery accident on a band saw in a butcher's shop, falling objects, and transport.

Health and Welfare Requirements

In general the Act is working well in this sphere and standards have undoubtedly risen. Problems have mainly been concerned with inadequate heating and poor cleanliness and much of the routine work of Inspectors has included bringing about improved cleanliness and in dealing with complaints about heating.

There has been one prosecution under the Food Hygiene Regulations.

Perhaps the most outstanding improvement for shop workers this year has been in the facilities provided for them to eat meals. This is a difficult section to enforce, but nevertheless many shops particularly in the new shopping centre have provided excellent facilities for staff far above anything that could be required under the Act.

Exemptions

No new exemptions have been applied for or granted this year.

TABLE A — Registrations and General Inspections

Class of premises (1)	Number of premises newly registered during the year (2)	Total number of registered premises at end of year (3)	Number of registered premises receiving one or more general inspections during the year (4)
Offices	24	532	104
Retail shops	69	949	304
Wholesale shops, warehouses	2	132	35
Catering establishments open to the public, canteens	5	272	180
Fuel storage depots	—	8	4
TOTALS	100	1,893	627

TABLE B — Number of visits of all kinds (including general inspections) to registered premises

1,008

TABLE C — Analysis by Workplace of Persons Employed in Registered Premises
at end of year

Class of workplace (1)	Number of persons employed (2)
Offices	5,203
Retail shops	3,401
Wholesale departments, warehouses	1,554
Catering establishments open to the public	1,694
Canteens	108
Fuel storage depots	64
Total	12,024
Total Males	6,183
Total Females	5,841

TABLE D — Exemptions

Part III Sanitary Conveniences (Sec. 9)

Offices	1
Retail	—
Wholesale shops, warehouses	—
Catering establishments open to public, canteens	—
Fuel storage depots	—

TABLE E — Prosecutions

Prosecutions instituted of which the hearing was completed in the year		
Section of Act or title of Regulations or Order (1)	Number of Informations laid (2)	Number of informations leading to a conviction (3)
Nil	Nil	Nil
No. of persons or companies prosecuted		Nil
No. of complaints (or summary applications) made under section 22		Nil
No. of interim orders granted		Nil

TABLE F — Staff

No. of inspectors appointed under section 52 (1) or (5) of the Act

1

No. of other staff employed for most of their time on work in connection with the Act

1

FACTORIES ACT, 1961

(1) Inspections for purpose of provisions as to health:—

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
1. Factories in which sections 1, 2, 3, 4 & 6 are to be enforced by local authorities	5	5	—	—
2. Factories not included in (1) in which Section 7 is enforced by the local authority	676	393	12	—
3. Other premises in which section 7 is enforced by the local authority (excluding out-workers premises)	25	25	—	—
TOTALS	706	423	12	—

2) Cases in which defects were found:—

Particulars	Number of cases in which defects were found				
	Found	Remedied	Referred		Number of prosecutions
			to H.M. Inspector	by H.M. Inspector	
Lack of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective	8	8	—	5	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to out-workers)	—	—	—	—	—
TOTALS	9	9	—	5	—

3) Outworkers (Section 133)

Number of out-workers in August list (required by Section 110 (1))	136
Nature of work: Making, etc. of wearing apparel	136

VISITS BY PUBLIC HEALTH INSPECTORS, 1971

Sanitary Defects	11,699
Houses in Multiple Occupation	1,217
Offices, Shops & Premises Act	302
Shops Act	233
Improvement Grants	2,232
Qualification Certificates	427
Clearance Areas	4,388
Smoke Areas	7,759
Smoke Observations	157
Factories	393
Public Houses	71

Places of Entertainment	28
Schools	25
Housing Applications	1,069
Caravans	40
Infectious Diseases	273
Food Poisoning	367
Air Raid Shelters	8
Canteens	68
Rodent Control	786
Pests	168
Pigeons	122
Noise	8
Food Shops	821
Cafes & Restaurants	163
Food Preparation Premises	222
Food Stalls & Vehicles	181
Slaughter House	696
Hen Slaughter House	106
Unsound Food	277
Water Supply	28
Swimming baths	74
Pharmacy & Poisons	44
Piggeries	1
Pet Shops	24
Hairdressers	43
Animal Boarding Establishments	2
Boarding Houses & Hostels	12
Poultry Dressers	58
Fuel Storage	3
Public Conveniences	643
Property Enquiries	503
Rag Flock	2
Public Health Laboratory	191
Public Analyst	70
Miscellaneous	148
Advance on Mortgages	50

TOTAL 36,202

Letters 1,164

No Admittance 3,212

Number of Complaints and Notices issued under the Public Health Acts

Number of complaints received	7,151
Number of Statutory Notices issued	1,965
Number of Informal Notices issued	146
Number of Statutory Notices abated	1,787
Number of Informal Notices abated	145

CARE OF MOTHERS AND YOUNG CHILDREN

STATISTICS

The figures in this section are compiled locally and they do not necessarily correspond exactly with the figures which are supplied and published by the Registrar General and which are based on the registration of births and deaths. Where the Registrar General's figures are used this fact is stated.

Births

During the year 4,471 live births and 78 stillbirths were notified to the Medical Officer of Health. The total number of births to Salford women was 2,381 of which 2,338 were live births and 43 were stillbirths. Related to the estimated mid-year population of the City these figures gave birth rates as follows:—

Live Birth Rate — 17.8 per 1,000 population
(in 1970 it was 18.5 per 1,000 population)

Stillbirth Rate — 18.0 per 1,000 live and stillbirths
(in 1970 it was 17.2 per 1,000 live and stillbirths)

During the year the proportion of institutional births rose slightly to 92.5%. During the last six years the proportion of institutional births has risen steadily from 62% in 1964.

Location of births to Salford women in 1971

Domiciliary Births	202	8.5%
General Practitioner Unit	300	12.6%
Hospital Births	1,879	78.9%
TOTAL BIRTHS	2,381	100.0%

The 300 deliveries at the General Practitioner Unit were attended by Salford Corporation Midwives; there was an increase of 1.64% births in this unit during 1971.

Illegitimate births

The Registrar General has supplied the following information (based on Registration figures):—

		In 1971	In 1970
Illegitimate Male Births	— live births	199	227
	— stillbirths	1	6
Illegitimate Female Births	— live births	184	192
	— stillbirths	2	4
Total Illegitimate Births		386	429

Infant deaths

There were 52 infant deaths (i.e. deaths under 1 year of age) during 1971. The infant mortality rate was 22.2 per 1,000 live births. This is a slight improvement on the figure for 1970 (25.0 per 1,000 live births). There was a satisfactory reduction in deaths during the first week of life. In 1971 there were 21 deaths in this period compared with 34 in 1970. Improvements and developments in the care of the newborn, particularly those relating to the early recognition and treatment of neonatal hypoglycaemia and the management of the dysmature infant, have helped to produce this improvement.

Of the 10 infants who died of infections other than respiratory, 6 were deaths due to gastro-enteritis (2 associated with pneumonia and 4 with septicaemia); 2 to meningitis; 1 to encephalitis and 1 to meningococcal septicaemia. Both deaths due to other causes were caused by haemolytic disease of the newborn.

Respiratory disease still continues to take a heavy toll of infants in the 1 to 6 months age group: 12 deaths in 1971 compared with 18 in 1970.

Age	Number of deaths	Age Specific Death Rate				
Stillbirths	43	Stillbirth rate 18.0 per 1,000 total births	Total perinatal deaths 64. Perinatal death rate 26.8 per 1,000 total births			
Deaths under 24 hours	13					
Deaths 1–6 days	8		Total early neonatal deaths 21. Early neonatal death rate 9.0 per 1,000 live births		Total neonatal deaths 25. Death rate 10.7 per 1,000 live births	
Deaths 7–28 days	4					
Deaths 1–11 months	27					Total infant deaths 52. Death rate 22.2 per 1,000 live births.

The causes of Infant Deaths during 1971 are summarised below:—

CAUSES OF DEATHS OF INFANTS 1971

CAUSE OF DEATH	Age at death					TOTAL 1971	Total for 1970 for comparison
	Under 1 day	1–6 days	7–27 days	1–6 months	7–12 months		
Prematurity	6(*1)	5	—	—	—	11	19
Respiratory Disease	1	—	—	12(*1)	3(*1)	16	27
Congenital Abnormalities	4	3	1	3	—	11	8
Infections, other than respiratory	—	—	3	4(*1)	3	10	—
Accident	—	—	—	1	1	2	1
Other Causes	2	—	—	—	—	2	8
TOTAL FOR 1971	13	8	4	20	7	52	—
TOTALS FOR 1970 FOR COMPARISON	24	10	3	23	3	—	63

* Congenital abnormality was also present.

Deaths 1 to 5 years of age

There were 8 deaths in the age group 1 to 5 years during 1971. Of these, 5 were due to infections. Both the accidental deaths were caused by house fires. All the children were between 2 and 4 years of age. Details are shown in the table below:—

CAUSE OF DEATH	AGE AT DEATH		TOTAL
	2—3 years	3—4 years	
Accident (Fire)	1	1	2
Respiratory Infections	2	—	2
Other Infections	2	1	3
Congenital Abnormality	1	—	1
TOTAL	6	2	8

The 'other infections' were septicaemia probably meningococcal; encephalitis with hydrocephalus; and primary peritonitis.

Maternal deaths

There was only 1 maternal death of a Salford woman during 1971. She collapsed a few hours after normal delivery and failed to respond to treatment. At autopsy she was found to have died from cardiac failure due to mitral valve disease due to earlier rheumatic heart disease.

This one death occurring in 2,382 total births to Salford women gives a local maternal mortality rate of 0.42 per 1,000 registered births.

Special Registers of Under 5 year olds

The integrated special register of under 5 year olds needing special follow-up by the medical and/or health visiting services introduced during 1970 was maintained. Children continued to be classed as "At Risk", "Under Observation" or "Handicapped". The categories "At Risk" and "Observation" may later be combined as there is no real difference between them, and the follow-up procedures are the same for both groups. This, however, will not be done before the beginning of 1973.

The combined register continues to prove an effective method of ensuring regular follow-up of special cases and helping to ensure that children who may require special education are seen at an appropriate clinic so that their needs may be assessed.

UNDER 5 YEAR OLDS ON THE COMBINED REGISTER DURING 1971

Category	On Register at end of 1970	Added to Register during 1971	Removed from Register during 1971	On Register at end of 1971
At Risk	634	220	419	435
Under Observation	264	263	151	376
Handicapped	169	68	95	142
TOTAL	1,067	551	665	953

REGISTER ON CONGENITAL MALFORMATIONS

This is a register of congenital malformations recognised at, or soon after, birth. It is compiled mainly from the birth notification cards completed by midwives, but hospital discharge slips and letters and the weekly death sheets from the local registrar provide additional information.

Apart from its use in compiling the local register of malformations the information is passed to the Registrar General monthly. This helps to provide epidemiological data on a national basis.

In the early part of the year children notified as having abnormalities were placed in the "At Risk", "Observation" or "Handicapped" categories of the combined Special Register for under 5 year olds. During the year however it was considered more appropriate to place all children with abnormalities in either the "Observation" or "Handicapped" categories. This explains why only 6 children were considered "At Risk" in 1971 as compared with 33 in 1970. The practical follow-up procedures by medical and health visiting staff remain the same.

CONGENITAL MALFORMATIONS NOTIFIED DURING 1971

Category	Sex	Total	Live Births	Still Births	Neonatal Deaths	Follow-up on discharge from hospital		
						Handicapped Register	Observation Register	At Risk Register
0 Central Nervous System	M.7) F.10)	17	8 (3)	6 (2)	3 (1)	8	—	—
1 Eye and Ear	M.1) F.—)	1	1	—	—	1	—	—
2 Alimentary System	M.1) F.4)	5	3 (1)	—	2	2	1	—
3 Heart and Great Vessels	M.1) F.3)	4	3	—	1 (1)	1	2	—
4 Respiratory System	M.—) F.—)	—	—	—	—	—	—	—
5 Urogenital System	M.4) F.1)	5	5	—	—	—	5	—
6 Limb Defects	M.7) F.12)	19	16	2	1	—	14	2
7 Other Skeletal Defects	M.1) F.—)	1	1	—	—	—	1	—
8 Other System	M.—) F.3)	3	3 (1)	—	—	—	1	2
9 Other Malformations	M.5) F.3)	8	5	2	1	2	1	2
TOTALS	M.27) F.36)	63	45	10	8	14	25	6

There were 63 malformations notified during 1971 compared with 70 in the previous year. Abnormalities of the central nervous system and limb defects account for over 57% of the total; the former, including spina bifida, account for most of the defects leading to major degrees of handicap whereas the latter, including congenital dislocation of the hip, are mainly treatable conditions or do not cause serious handicap later in life. The overall incidence and distribution by categories is similar to that for recent years.

Of 43 stillbirths during the year, 10 (23.1%) were malformed. There were 45 (1.9%) live births in whom malformations were diagnosed at or soon after birth during 1971.

CHILDREN 'AT RISK' (Under 2 years of age)

This category of the combined register is comprised of children from 0–2 years of age who are considered to be at risk because of the presence of certain complications or disease during pregnancy, labour, birth or the neo-natal period. If there is still anxiety about the health or development of such babies by the time they are 2 years of age they are transferred to the observation category for further follow-up.

The follow-up procedures are the same as described in the previous report.

At the end of 1971 there were 435 children on the 'At Risk' Register (231 males and 204 females) in Salford. The number of babies placed in the 'At Risk' category was less than in the previous year; 220 compared with 391 in 1970. This marked difference is due to changes in the criteria used to classify a baby as being at risk. In previous years the tendency has been to include babies for whom the birth complications were minimal, e.g. forceps deliveries without other factors, mild jaundice and babies delivered by Caesarean Section even when no other special circumstances or complications accompanied the birth or occurred during the neonatal period. The changes of criteria have been adopted in an attempt to make the "At Risk" category more realistic.

Removals from the area and changes to an unknown address before the age of 2 years of age were the reasons why 88 children were removed from the 'At Risk' Register during 1971.

CHILDREN UNDER OBSERVATION (0–5 years of age)

The observation category of the combined register has proved valuable in enabling regular follow-up of children whose health, development or progress is a continuing cause for concern. The full benefit of this category in rendering the statistics for young handicapped children to be really meaningful will not be realised until the end of 1972. Children are placed on the register following information from hospital letters, doctors, health visitors or other staff. Some are transferred from the 'at risk' register at 2 years of age if there is still doubt about their health or development. At the end of 1971, 74 of the 376 children under observation had previously been 'at risk'.

REASONS WHY 376 UNDER 5 YEAR OLDS WERE UNDER OBSERVATION
AT THE END OF 1971

Physical Defects or Disease	
(a) Cardiac	25
(b) Orthopaedic	31
(c) Neurological and others	9
'Delicate' children	
(a) Respiratory (including Asthma) Diseases	54
(b) Nutritional and Metabolic Disorders	17
(c) Other reasons	49
Development and Progress	69
Behavioural Disorders	7
Miscellaneous Congenital Defects	9
Speech Development etc.	17
Hearing and/or Visual Problems	10
Recurrent Convulsions (and ? epilepsy)	22
Social Reasons	45
Miscellaneous Reasons	12
<hr/>	
TOTAL	376

YEARS OF BIRTH OF 376 CHILDREN UNDER OBSERVATION AT THE END OF
1971

Year of Birth	Number
1967	54
1968	93
1969	101
1970	75
1971	53
<hr/>	
All 0—5 year olds	376

198 of the 376 children under observation at the end of 1971 were placed on the register because of information received from hospitals. This illustrates the importance of receiving regular and full information from the hospitals. The regular follow-up procedures and necessary assessments of any special educational or health needs can only begin if the child's name has reached the register.

REGISTER OF HANDICAPPED CHILDREN (Under 5 years of age)

Since June, 1970, the register of handicapped children under the age of 5 years has formed part of the combined register. The categories of handicapped children were brought into line with those used for children of school age during 1971. As was explained in the previous report the introduction of the observation category and the re-classification of some handicapped children reduced the number classified as handicapped from 285 at the end of 1969 to 169 at the end of 1970. By the end of 1971 the latter figure is further reduced to 142. Of these, 61 children were newly-classified as handicapped during 1971.

The table below shows the distribution of handicapped children by main defect during 1971.

HANDICAPPED REGISTER 1971

(Children under 5 years of age)

Category	Number on Register on 31st December 1971	Number of whom added during the year
Blind	—	—
Partially Sighted	11	5
Deaf	—	—
Partially Hearing	2	1
Physically Handicapped		
(a) Cardiac	13	2
(b) Orthopaedic	4	2
(c) Cerebral Palsy	15	6
(d) Spina Bifida	16	8
(e) Other Neurological	8	5
(f) Others	1	1
Mentally Retarded (all levels)	41	18
Delicate		
(a) Respiratory (asthma)	5	2
(b) Respiratory (other)	4	2
(c) Nutritional & Metabolic	6	2
(d) Other delicate	8	1
Epileptic	8	6
Speech Defects	—	—
TOTAL	142	61

Children with multiple handicaps are included in the category of the major defect.

Children are only classed as handicapped once it has been confirmed that they have a defect or disease likely to present difficulties later in life or which may need special educational consideration.

Mental Retardation remains the biggest single cause of handicap. This group includes children of a wide range of abilities from those whose mental development and function may be less than 20% of normal to children whose disabilities are such that with special educational help from an early age they may easily learn enough to live an independent and useful life in society.

Perhaps the greatest event during 1971 was the coming into effect of the provisions of the Education (Handicapped Children) Act 1970. This removed the powers of local authorities to classify children suffering from a disability of mind as being unsuitable for education in school.

This removed a "stigma" for parents and an 'unpleasant task' for doctors. All children are now educable and procedures for the assessment of educational needs is the same for all.

**YEAR OF BIRTH AND SEX OF 142 CHILDREN
ON THE HANDICAPPED REGISTER AT THE END OF 1971**

YEAR OF BIRTH	SEX		TOTAL
	MALE	FEMALE	
1967	27	17	44
1968	22	15	37
1969	14	10	24
1970	16	9	25
1971	7	5	12
All 0 to 5 year olds	86	56	142

REMOVALS FROM THE HANDICAPPED REGISTER

During the year 95 children were removed from the handicapped register; 17 because they were regarded as cured and no longer handicapped or needing observation; 7 had died; 18 children had left Salford and 2 had removed to unknown addresses.

The remaining 51 children had reached the age of 5 years and were placed as shown below:—

EDUCATION RECEIVED BY 5 YEAR OLDS REMOVED FROM THE HANDICAPPED REGISTER DURING 1971

Ordinary Day School	19
Day School for Mentally Handicapped Children	9
Day School for Physically Handicapped Children	8
Diagnostic Unit	6
Day Open Air School	5
Day School for Deaf Children	1
Residential School for Deaf Children	1
Special Class for Partially Sighted	1
Permanent Hospital Care	1
<hr/>	
TOTAL	51
<hr/>	

The much smaller number of children from the register placed in ordinary schools (19 in 1971 compared with 49 in 1970) does not in any way indicate a change in incidence of handicaps or of policy regarding the placement of children. It is due to the introduction of the observation category of the combined register during 1970; re-classification of children on the register during 1971 now means that the figures for handicapped children are more realistic.

ANTE-NATAL CLINICS

Seven sessions were held each week, one at each of five clinics and two at a sixth clinic due to the need for these premises to serve a larger population than the others.

Once more declining usage is shown throughout the statistics (see below) due to the growth of the newer pattern of attachment of Midwives to General Practitioners. The Local Authority Clinics are now only 20% of the 1963 figure but still serve a useful function where patients are not fully covered by General Practitioner arrangements.

During the year medical staffing was withdrawn from two of the clinics, leaving medical cover for one session per week, alternating between the two busier clinics — Langworthy and Murray Street.

The Ante-Natal Clinics continued to send blood specimens to the Central Serological Laboratory for Wassermann testing and to Hope Hospital Pathology Laboratory for haemoglobin and rhesus tests.

During the year 293 results of Wassermann tests were received, of which only one was positive. This compares with 384 results in 1970. The results of 545 haemoglobin tests were received from Hope Hospital during 1971.

The special Rhesus Clinic was continued at the Crescent as in 1970. During the year 1971 women attended; 114 specimens of blood were sent to the Blood Transfusion Service for confirmatory rhesus testing and tests for antibodies. In 1971 antibodies were found to be present in four women; they were all referred to their General Practitioners so that arrangements for hospital confinement could be made. The numbers attending the Rhesus Clinic have changed little during the last three years

although a fall should be expected as more General Practitioners do all their own ante-natal care and the attendances at Special Authority Ante-Natal Clinics continue to decline.

ATTENDANCES AT ANTE-NATAL CLINICS 1971

(1970 figures in brackets for comparison)

CLINIC	No. of Sessions weekly	Total Individuals Attending	Total Attendances	New Patients	Consultations by	
					L.A.M.O.	G.P. employed on a Sessional Basis
Kersal	1	57 (70)	359 (402)	36 (57)	— (—)	— (—)
Langworthy	1	108 (122)	630 (725)	83 (91)	4 (—)	135 (141)
Murray St.	2	153 (187)	931 (1,158)	116 (153)	4 (—)	97 (135)
Regent	1	66 (73)	443 (532)	48 (54)	— (45)	— (—)
Summerville	1	46 (49)	293 (332)	32 (35)	— (8)	— (—)
Trinity	1	21 (26)	134 (155)	16 (17)	— (—)	— (—)
TOTALS	7	451 (527)	2,790 (3,304)	331 (407)	8 (53)	232 (276)

CHILD HEALTH CLINICS

There were eleven sessions held each week at seven clinic premises in the City plus a regular fortnightly Special Care Baby Clinic. Pre-School Clinics (46 during the year) were held at various centres according to need. Details of the Special Care Baby and Pre-School Clinics are given separately under their own particular headings.

Attendances at the routine Baby Clinics varied very slightly this year from the previous year, attendances per session averaged 32, medical consultation was available by Local Authority Medical Officers only at 58% of the sessions held, the consultations averaged 9.3 per session.

The Tables "A" and "B" shown below give the extent of the sessions held, the population attendance and the consultation proportion at all the Salford routine Baby Clinics.

TABLE A CHILD HEALTH CLINIC STATISTICS FOR 1971

(Statistics for 1970 in Brackets)

CLINIC	No. of Weekly Sessions	Total No. of Clinic Sessions	Total Attendances	Individuals at year end	New Cases	Consultations by M.O.
Cleveland	1	48 (60)	1,395 (1,493)	268 (271)	138 (129)	135 (180)
Kersal	1	52 (51)	1,959 (1,861)	385 (384)	201 (171)	266 (337)
Langworthy	4	202 (204)	5,780 (5,896)	1,360 (1,368)	656 (634)	570 (834)
Murray Street	2	100 (104)	2,869 (3,053)	767 (810)	443 (474)	311 (350)
Regent Road	1	52 (64)	2,412 (2,445)	655 (721)	344 (360)	266 (366)
Summerville	1	50 (52)	2,031 (2,011)	319 (325)	141 (137)	169 (114)
Trinity	1	48 (61)	1,158 (1,168)	274 (336)	140 (147)	165 (187)
Special Care Baby Clinic	½ Alternate weeks)	23 (19)	113 (98)	17 † (12)	26 (27)	113 (65)
TOTAL AT YEAR END	11½	575 (615)	17,717 (18,025)	*4,045 (4,227)	2,089 (2,079)	1,995 (2,433)
Removed out				197 (164)		
Died				9 (5)		
Became 5 years of age				94 (129)		
				4,345 (4,525)		

† 41 babies attended this clinic as well as the "Home" Clinic
* 120 children attended more than one routine Baby Clinic

TABLE B
CHILD HEALTH CLINICS/AGE GROUPS ATTENDANCES

Age Group	Estimated 0-5 years Population at 31.12.71	No. of Individuals attending during year	% of age group attended	Total attendances during year	Average attendance per child	No. of medical consultations	% of total attendances seen by doctor
0-1 year	2,195	1,363	62.1	7,276	5.3	765	10.5
1-2 years	2,202	1,476	62.5	6,847	4.6	636	9.0
2-5 years	6,397	1,540	24.2	3,594	2.3	594	16.5
0-5 years	10,794	4,379	40.5	17,717	4.0	1,995	11.2

SPECIAL CARE BABY CLINIC

The Special Care Baby Clinic which is held in conjunction with the Paediatric Consultant Clinic at Langworthy Centre was continued throughout 1971. It is held fortnightly and the babies seen are premature, dysmature or other 'at risk' babies for whom special follow-up is desirable. The babies seen are mostly referred by a hospital consultant through the liaison health visitor but babies born at home or in the General Practitioner Unit are also seen. Haemoglobin estimations can be done at this clinic, which is staffed by a senior medical officer and the special care baby nurses.

During 1971 there were 23 sessions held, at which there were 113 attendances. The work of the special care baby clinic has increased during the last few years.

	Total Attendances	New Cases
1968	61	14
1969	66	14
1970	98	26
1971	113	26

PRE-SCHOOL CLINICS

These clinics which were introduced in June, 1970, were continued throughout 1971. Their functions have remained as described in the Annual Report for 1970. These multi-purpose clinics to which parents are invited to bring children from 2 to 5 years of age who are either on the observation or handicapped registers, or who are referred for early assessment of any special educational needs, are proving to be a valuable innovation. The work of these clinics is an inseparable mixture of that of the Child Health and School Health Services. Advice and guidance for the parents of young handicapped children is becoming an increasingly important part of the work of these sessions.

Pre-school clinics are held at various centres when and where they are needed. During 1971, 219 children were seen at these clinics, a total of 278 examinations were carried out at 46 sessions. Parents are asked to notify the Health Department if they are unable, or do not wish, to attend. Routine follow-up by the health visiting service is requested for all children who fail to attend without reason. This is an important part of the service for children of 2 to 5 years of age as some of the children are invited to the clinics for socio-medical reasons.

HOSPITAL LIAISON

During the year 14 sessions for children of all age groups were held by the Paediatric Consultant at the Langworthy Clinic, 14 children made 21 attendances in total at these sessions; 10 of the children had never attended a session previously.

Hospital reports are received regularly regarding children in the 0—5 years age group and are of immense value enabling follow-up work to be carried out with good background information to assist; the letters are essential for the complete compilation and maintenance of the special registers which are kept within the Maternal & Child Health Section; these registers are reported upon under their own headings elsewhere in this Report.

MOVEMENT OF POPULATION

Population movements are still considerable and during the year 1,383 children left the City; medical records were forwarded to the medical officers of the new areas in respect of 871 children whose new addresses were known, records for the 512 children whose new addresses were not known were collected to await requests from the new areas. The number of children who moved into the City was 606; records from the previous areas were requested and obtained.

The estimated population at 31st December for this age group was 10,794, one-third of the children who were Salford babies had removed elsewhere during the five year period and removals into the City were fifty per cent of the emigrating population.

WELFARE AND PROPRIETARY FOOD SALES

Welfare Foods Distribution

In view of the changing pattern of this service, both by product and uptake 1971 and 1970 distributions are given below:—

Product	Total Issue	Free Issue (%)
National Dried Milk		
1971	3,580	988 (27.6%)
1970	5,111	519 (10.0%)
Cod Liver Oil		
1971 (until 31.3.71)	950	312 (33%)
1970	2,281	734 (32%)
Vitamin Drops		
1971 (from 1.4.71)	3,074	1,072 (34.9%)
1970	—	—
Vitamin A. & D. Tablets		
1971	3,557	194 (5.5%)
1970	4,043	66 (1.4%)
Orange Juice		
1971	36,224	5,111 (14.0%)
1970	33,219	2,783 (8.0%)

The National Dried Milk uptake is only 70% of that of the previous year; since free issue for low-income groups has been included in the legislation many more tins have been given free than formerly, this pattern is also shown in the uptake of orange juice.

The Women's Royal Voluntary Service continue to staff the Ante-Natal sessions at Hope Hospital to distribute the vitamin products; their assistance is greatly appreciated as many new mothers first attend here and are introduced to the Welfare vitamins which they and their children will require.

Proprietary Foods

A variety of suitable foods comprising 6 dried and 2 evaporated milks, 5 cereal and 4 vitamin products and 3 supplementary foods is on sale at all selling sessions. In exceptional cases vitamin tablets or drops are issued on prescription.

LIAISON WITH SOCIAL SERVICES DEPARTMENT

1971 saw the end of a separate Children's Department and the formation of the Social Services Department in accordance with the provisions of the Local Authority Social Services Act, 1970; this new Department became responsible for the work previously done by the Children's Department. It also became responsible for Social Services functions under Section 22 of the National Health Services Act, 1946; in particular the provision of day nurseries and nursery groups and the placing of children with selected child minders or in private nursery establishments. The Social Services Department also became responsible for the provision of residential accommodation for unmarried mothers and their children.

There is considerable need for close co-operation between the Health and Social Services Departments and their staffs if the aims of total health care are to be achieved for children and particularly for those in their early years.

The work of the Health Department previously done for the Children's Department was continued for the Social Services Department in 1971. During the year, children were examined prior to being taken into care of the Local Authority and a medical officer visited the Social Services Department's children's homes to carry out routine and other medical inspections. Health Visitors attend to do immunisations when necessary.

The monthly meetings of the Case Co-ordinating Committee were discontinued during the year. These meetings have been replaced by small ad hoc case conferences by those concerned with particular cases. Close co-operation and discussion between the doctor, health visitor, social worker and others involved at 'field level' is needed and is already proving of value in dealing with families with complex medico-social or socio-medical problems.

CERVICAL CYTOLOGY CLINICS

There were slightly more attendances in 1971 than in the previous year; 1,102, compared with 959 in 1970. Although the downward trend of this work was checked the numbers are poor considering the population of women in the City. It is hoped to extend the cervical cytology service and to enlarge its scope during 1972.

There were 87 sessions held at our clinics, of which 68 were staffed by a doctor. At 19 sessions the smears were taken by Home Nurses.

	Clinic Sessions		Total	Home Visits	Grand Total
	Doctors	Home Nurses			
Number of Sessions	68	19	87	47	} 1,609
Number Invited	1,297	265	1,562	—	
Number Attended	885	170	1,055	47	
Average Attendance per session	13	9	—	—	—

In 20 instances at clinic sessions smears were not taken for various reasons.

The hopes of being able to extend the service expressed last year could not be realised because of the lack of availability of medical staff to carry out the tests and commitments in other fields of work of the Department. The appointment of a second senior medical officer and availability of additional part-time medical staff towards the end of 1971 should make it possible to realise our hopes in 1972.

RESULTS OF CERVICAL SMEARS TAKEN DURING 1971

Unsatisfactory smears	23
Normal Cells	961
Inflammatory and other changes	15
Trichomonas infection	36
Monilia infection	45
Suspicious cellular changes	2
Cancer cells positively identified	1
<hr/>	
TOTAL SMEARS TAKEN	1,083*

* one patient was found to be suffering from inflammatory and other changes and also to have suspicious cellular changes.

AGE DISTRIBUTION OF WOMEN WHO ATTENDED FOR SMEARS IN 1971
(Includes 47 domiciliary smears)

AGE	NUMBER
25 years and under	88
26 – 35 years	261
36 – 45 years	336
46 – 55 years	277
56 – 65 years	121
65 years and over	19
<hr/>	
TOTAL	1,102

SOCIAL CLASS OF 1,082 PERSONS
FROM WHOM SMEARS WERE TAKEN

SOCIAL CLASS	NUMBER
I	19
II	142
III	644
IV	125
V	97
H.M. Forces	2
Not known	53
<hr/>	
TOTAL	1,082

The age distribution of persons who attended for smears during 1971 shows fewer women attend in the older age groups. The mortality from cancer of the cervix is higher in older women. It is the over 40 year olds who are more at risk and whom we must reach if cervical cytology is to prove effective in reducing mortality and morbidity from this form of malignant disease.

Another disturbing feature of our work is our failure to reach the persons in Social Classes IV and V in whom the incidence and risks of cervical cancer are greater than in Social Classes I and II.

An extension of cervical cytology in factories may help to improve this, but health education and publicity which must reach the most important groups is essential.

As has been said earlier, it is hoped to extend the scope of our cervical cytology — well woman service in 1972.

PHYSIOTHERAPY

The physiotherapists' work has been concerned chiefly with the handicapped babies clinic. This clinic was started at Langworthy Centre and at Murray Street Clinic, thus offering a physiotherapy service convenient for mothers and babies living in most areas of the City.

These clinics have been found to supply a great need, as is shown by the regular attendance and the unfortunate fact that there is usually a small waiting list.

The main aim of these clinics is to provide physiotherapy treatment as early as possible for babies who are handicapped in any way, either physically or mentally, without the parents suffering the inconvenience of long journeys and often a tedious wait at the hospital.

In addition to the treatment of the young child, special emphasis is given to teaching the mother how to encourage and stimulate her baby at home; this aspect of treatment is very important as without parental co-operation the physiotherapists' work becomes extremely difficult.

Permission has been given to use the hydrotherapy pool at Margaret Whitehead School once a week so that in addition to the special exercises the babies may enjoy treatment in the warm pool. Pool therapy has proved to be a very successful medium for stimulating the retarded child and it is hoped that in the near future more babies may benefit from this form of treatment.

The need for very early treatment cannot be emphasised too much, a handicapped baby needs to be taught many things that a normal child will develop naturally at regular stages of growth. It is most necessary that mothers of handicapped babies should be given advice and re-assurance as soon as possible after the baby's handicap has been diagnosed, thus enabling the parents to accept their baby's difficulties and to feel that help is at hand to deal with any future problems which may arise.

During the year 43 babies were treated at Langworthy Centre and 16 babies at Murray Street Clinic.

A physiotherapist regularly visited Greenbank Nursery as there were two handicapped babies in care and a little boy born with cerebral palsy was treated at Howard Street Nursery until on reaching school age he was transferred to a special school.

Ultra-violet light treatment was given at Langworthy Centre and at Murray Street

and Kersal Clinio.

Children under the age of five with minor orthopaedic or breathing defects are invited to the nearest clinic where the mother is shown how to carry out simple corrective exercises at home, instruction leaflets are also provided and arrangements made for any corrective alterations to the child's shoes to be done by the orthopaedic technicians provided by the National Health Service.

The child is kept under supervision, attending the clinic periodically as required so that improvement can be assessed and any further problems discussed with the mother.

This is not an ideal way of providing a physiotherapy service but with an inadequate number of physiotherapists it is the only way of treating the large number of children referred for physiotherapy treatment.

GERIATRIC GUIDANCE SERVICE

The Geriatric Service of the Salford Health Authority was inaugurated to assist the elderly to regulate their lives so that they may maintain their health on a limited income.

It also functions as a screening service which will reveal defects in the health of the geriatric patient, and therefore he can be referred to his doctor for treatment or further referred to a specialist if this should prove to be desirable. A routine medical examination is employed at these sessions in order to determine the early signs and symptoms on incipient disease.

The Geriatric Service exists to provide medical examination for women over the age of 60 years and men over the age of 65 years.

The clinics also have a value for health education because they give an opportunity for the medical officer to determine the interests, diet and exercise of the patients. Interests unfortunately are at a premium because of the severely limited income of most of the patients.

Diet is a point which is important by virtue of the fact that there is a tendency among the elderly to neglect to eat a balanced diet. In this change of habit from youth to age the most important factor to stress is the necessity for an adequate intake of vitamin C. The necessity for a daily intake of fruit or fresh vegetables is always stressed should it be suspected that the diet is inadequate in this respect. If this is impracticable the patient is appraised of the fact that the local authority supplies a multivitamin tablet at the health centres at a nominal sum.

Exercise tends to be self-limiting but the patients are encouraged to take graduated exercise which is appropriate to their physical condition.

The greatest value of the Geriatric Guidance Service is the time available to the medical officer to take a comprehensive history from the patient, and perform a full and unhurried medical examination. The patient's doctor does not normally have this amount of time at his disposal due to the pressure of work.

The work of the geriatric clinics is expanded during the school holidays when the medical and nursing staff are less occupied with school health work.

Treatment is not the function of the clinics, this being the main role of the general medical and hospital services. It is rare to find an elderly person whose general health and well-being do not benefit from the routine medical examination and advice received. Anxiety is allayed, understanding of existing problems improved and old persons are guided to their doctors, dentists or opticians when necessary. Sometimes more serious diseases and conditions are found, which when treated early may avoid unnecessary suffering and admission to hospital.

STATISTICS

	1970	1971
Number of clinics held	74	57
Number of invitations sent	546	393
Total attendances	406	277
Percentage of attendances	73%	70.5%
Average number of patients invited per clinic	7.4	6.8
Number of first attendances	47	20
Percentage of first attendances	11.6%	7.2%
Number of male attendances	109	78
Number of female attendances	297	199

NUMBER OF SESSIONS HELD

	1970	1971
	74	57
Kersal Centre	22	12
Langworthy Centre	27	23
Murray Street	4	4
Regent Road	9	6
Summerville	3	4
Trinity	9	8

SUMMARY OF DEFECTS FOUND IN 20 PERSONS ATTENDING
GERIATRIC CLINICS FOR THE FIRST TIME

Function	Total Defects	Under Treatment	Referred to G.P.	Persons Advised
Hearing	4	—	4	—
Vision	10	10	—	—
Mobility	5	5	—	—
Physical Stability	3	—	—	3
Nutrition	—	—	—	—
Dental State	2	—	—	2
Cardiac	4	4	—	—
Blood Pressure	9	—	8	1
Respiration	—	—	—	—
Sleep	—	—	—	—
Defaecation	—	—	—	—
Micturition	—	—	—	—
Digestion	—	—	—	—
Genito-Urinary	—	—	—	—
Bones and Joints	4	4	—	—
Central Nervous System	1	1	—	—

INCIDENCE OF BLINDNESS

- A1. Registered Blind Persons
 A2. Registered Partially Sighted Persons
 B. Ophthalmia Neonatorum

Blind Person

A1. FOLLOW-UP OF REGISTERED BLIND PERSONS

Total number of cases registered during 1971 ... 45

(i) Number of cases registered during the year in respect of which Section F. (1) of Forms B.D.8 recommends:—	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	2	—	—	11
(b) Treatment:—				
Medical	—	—	—	—
Surgical	5	—	—	1
Optical	1	—	—	3
Ophthalmic Medical Supervision	3	8	—	11
(ii) Number of cases at (i) (b) above which, on follow-up action, have received treatment	5	6	—	5

A2. FOLLOW-UP OF REGISTERED PARTIALLY SIGHTED PERSONS

Total number of cases registered during 1971 ... 6

(i) Number of cases registered during the year in respect of which Section F. (1) of Forms B.D.8 recommends:—	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	—	—	—	—
(b) Treatment:—				
Medical	—	—	—	—
Surgical	1	—	—	—
Optical	—	—	—	1
Ophthalmic Medical Supervision	1	2	—	1
(ii) Number of cases at (i) (b) above which, on follow-up action, have received treatment	—	1	—	1

B. OPHTHALMIA NEONATORUM

(i) Total number of cases notified during the year	—
(ii) Number of cases in which:—	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year	—

NURSING SERVICES

During the year the management of the Nursing Services, which was already under the direction of a Chief Nursing Officer, was re-organised on the lines recommended in the Mayston Report. The principal change was the transfer from a functional to a multi-discipline approach at middle management level; two Area Nursing Officers being appointed each to undertake responsibility for the health visiting, home nursing and midwifery services in one half of the City. In making the division of the City it was thought to be more appropriate to do this in relation to general practitioner attachment schemes rather than to use a geographical boundary such as the A6 or the River Irwell, although in fact the final result was a fairly even East/West division.

Six Nursing Officers were appointed, two from each discipline to undertake first line management duties, therefore field staff have direct access to someone with functional expertise.

All members of the team have attended or are in process of attending management courses. These have been of short duration and are intended as a prelude rather than a finale. The value of short courses is that attendance is more acceptable in relation to service needs and the domestic arrangements of married women, and for the course participant two or three short periods can be more stimulating than a single long course.

Preparation for change

As preparation for the re-organisation of the National Health Service, ten members of the staff attended a re-organisation course organised by the College of Technology: other staff will attend similar courses at a later date.

Travelling survey

The work of the Nursing Services has increased during the last few years and continues to do so whilst the staff has not, and this is particularly true of health visiting. It is not possible to absorb new work without constantly re-appraising the work carried out and the methods used: it was decided, therefore, to conduct a small survey to examine a part of the working day thought to be wasteful because of lack of mobility.

Twenty-two members of staff drawn from the three services participated; eleven were car users and eleven were dependent on walking or public transport. The enquiry covered twenty consecutive working days for each member of staff.

Amongst other things, the findings showed that the car users had 132 hrs. 39 mins. more working time than the non-car users in the period involved; therefore, the walker/'bus user group "lost" 1,525 hours in the working year.

A few months after the survey was carried out, the information was used successfully to support a request for two "mini" cars to be used by the Health Visiting Service and these will be in use in 1972.

Student training

In addition to the training provided for student district nurses and student health visitors sponsored by the authority, student midwives from Hope Hospital were given Part II midwifery training as in former years. The arrangements for Bachelor of Nursing Students to be given district nursing or health visitor training programmes were also continued, and students from each of the four years involved spent periods with the nursing services.

Involvement in student training, already high in relation to the staff employed, will substantially increase during 1972 as a result of agreement reached with the staff of Hope Hospital to accept up to 24 student nurses per year — 3 intakes of 8 — for a community experience secondment of six weeks duration, now one of four options in the revised G.N.C. syllabus.

Student midwives are also required to have more comprehensive experience in the community from 1972, and a ten-day programme has been arranged for each of them.

A Specialist Health Visitor has been given the programme planning and organisation of these new forms of training, and it will be necessary for him to attend an appropriate course, since this type of work is likely to increase with future trends.

Hospital students who do not take the community experience secondment will still be required to have a short period of community experience as at present. During 1971, 101 students from Hope Hospital were placed with district nurses and health visitors. Salford Royal students did not participate this year because of a change in timing, but arrangements will be re-newed in 1972.

Post Graduate Students or students from other disciplines

Training programmes were provided for 15 persons.

Induction Courses

All new members of staff other than those appointed to take a qualifying course, were given a suitable induction programme, usually of two weeks duration.

(1) HEALTH VISITING

No major change took place in relation to this service apart from the re-organisation discussed in the introductory remarks. Some areas of work were re-considered in the light of future change; student training in particular, and the strengthening of contacts with hospital staff. The existing hospital liaison schemes, which in relation to the size of the authority and the staff employed are quite comprehensive, and the provision of increased community experience for hospital students already discussed in the introduction to Nursing Services, clearly provide a useful framework for increased understanding of the other's role.

ATTACHMENT TO GENERAL PRACTITIONERS

As all health visitors already work in relation to general practitioners' lists rather

than geographical areas the position is now one of widening and extending relationships. The opening of a Health Centre in 1972 will assist in this respect by bringing ten doctors into even closer working relationship with health visitors and other staff.

At the present time ten weekly Well Baby clinics are conducted in surgery premises by health visitors. Visits are also made to doctors' ante-natal clinics and in some instances health visitors and midwives approach mothercraft teaching jointly.

HOSPITAL LIAISON

The well-established liaison in respect of Hope, Salford Royal, Ladywell and Pendlebury hospitals continued; 14 sessions per week being devoted to this work, involving four health visitors.

Liaison is in relation to paediatrics, tuberculosis and other thoracic diseases, diabetes, and geriatrics, and takes many forms including attendance at out-patient clinics, ward rounds with consultants including visits to Special Care Units and the Unit of Thoracic Medicine, visits to wards for discussion with sisters, and discussions with medical social workers.

The value to the community and the staff is in the easy interchange of information which is possible by the methods outlined, and the identification of cases requiring domiciliary follow-up. Contact tracing still forms a part of liaison activities as does a weekly call at Ladywell hospital in relation to children suffering from infectious diseases, including gastro-enteritis.

Medical students are often present when hospital medical and nursing staff meet community nursing representatives, and the importance of this is not underrated by the staff concerned.

CARE OF THE ELDERLY

A Specialist Health Visitor assisted by S.R.N's provided the main visiting of elderly persons, although some health visitors were responsible for those on practice lists and this pattern is likely to develop.

With present staff it is not possible to retain on a visiting list all those persons who are referred, nor is it desirable since a number are more appropriately referred to the Social Services Department; nevertheless, because almost all those referred have a medical condition likely to deteriorate with increasing age, the case load during the year remained high.

It will be seen from the statistical summary that a fair number of elderly persons are found in the course of visiting. Many elderly persons report with satisfaction that they have not seen a doctor for years, and although this could mean excellent health the Specialist Health Visitor found that in many instances the services of a doctor were well overdue, e.g. a simple request for chiropody treatment sometimes revealed signs of circulatory impairment only seen when the shoes and stockings were removed. 125 visits were made in respect of requests for re-housing on medical grounds.

Hospital liaison in respect of the elderly has been included in the general remarks on this theme. It is worth mentioning, however, that the Specialist Health Visitor is notified of all elderly persons being discharged from Ladywell Hospital.

Statistics

Number on register at beginning of year		6,226
New cases referred —	Males	242
	Females	543
		785
Removed from register-deaths	497	
Other reasons	1,542	2,039
Total remaining on register at 31st December, 1971		4,972

New Referrals

Age Groups

Under 60 years	18
60–65 years	115
65–70 years	160
70–75 years	231
75–80 years	133
80–85 years	106
85–90 years	19
90–100 years	3
	<hr/>
	785
	<hr/>

State of Activity

Ambulant	322
Semi-ambulant	248
Home-bound	149
Bedfast	66
	<hr/>
	785
	<hr/>

Sources of referral

Social Services Department	36
Found in course of visiting	117
Family Doctor	131
Health Visitors	11
Hospitals	164
Relatives and Friends	117
Health Inspectors	2
Housing Department	91
District Nurses	7
Self	86
Other agencies	23
	<hr/>
	785
	<hr/>

Reasons for referral

Chest complaint	54
Rheumatic condition	32
Nervous disease	24
Heart condition	68
Vascular condition	56
Carcinoma	14
Diabetes	13
Blindness	4
Senility	19
Malnutrition	1
Mental stress	8
Advice and care	260
Other conditions	232
	<hr/>
	785
	<hr/>

SURVEYS

The pertussis survey which commenced late 1969 continued throughout the year and will enter a new phase in 1972.

FAMILY PLANNING

An appointment of a Specialist Health Visitor for Family Planning was made in relation to the Urban Programme, but unfortunately, due to illness she will not be in post until early in 1972.

The holder of this post will work in close association with health visitors, family doctors and the Family Planning Association, and will be responsible for promoting family planning knowledge, particularly in relation to social classes four and five, and for arranging staff in-service programmes.

STATISTICS

TABLE 1

DOMICILIARY – HEALTH VISITOR/CLINIC NURSES

TYPE OF VISIT	ACCESS	NO ACCESS
Visits to children 0–5 years	36,309	
Visits to physically handicapped children 0–18 years	795	
Visits to mentally handicapped children 0–18 years	199	
Visits to physically handicapped adults	320	
Visits re immunisation	(2,631)	
Visits to elderly persons	13,062	
Visits to persons under 60 years referred to elderly section	359	
Visits to elderly persons with Consultant to assess priorities	11	
Visits re mental health	175	
Visits re tuberculosis including contact tracing	517	
Visits re infectious disease	68	
Visits re hospital follow-up	735	
Visits re infestation	534	
Visits to expectant mothers	554	
Visits for social reasons	1,389	
Visits to assess housing priority	862	
Visits to parents of school children	1,691	
Miscellaneous visits	857	
	58,437	12,102
GRAND TOTAL	70,539	

TABLE 2

CLINIC SESSIONS

TYPE OF SESSION	NUMBER
Child health	1,307
Screening tests of hearing	107
Geriatric advisory	62
Cytology	63
TOTAL	1,539

TABLE 3

OTHER ASPECTS OF WORK/HEALTH VISITORS

TYPE OF WORK	NUMBER
Liaison visits — doctors' surgeries	1,815
Visits to ante-natal clinics	179
Well-Baby clinics	508
Health team discussions	150
Consultant clinic — hospital liaison	333
Ward round — hospital liaison	465
Health education talks other than school	30
Scriver tests carried out	2,198 + 102 Repeat test
Immunisation injections given	6,235
Number of doses of poliomyelitis vaccine given	1,095

TABLE 4

SCHOOL HEALTH WORK

Summary of work carried out by Health Visitors, Clinic Nurses and Nursing Auxiliaries

Number of children examined at Health Surveys	18,220
Number of children screened re free milk	9,054
Number of children who had vision tested	19,076
Number of children who had colour vision tested	1,900
Number of examinations undertaken re infestation	59,739
Number of re-examinations re. infestation	14,309
Number of children found to be infested	2,848
Number of children cleansed (on more than one occasion)	103
Number of home visits	2,209
Number of school visits for discussion with headteachers	1,381
Number of Health Education talks given	262
Number of children who completed Diphtheria/Tetanus Immunisation	30
Number of children who had Diphtheria/Tetanus booster	14,907
Number of children who completed Oral Polio vaccination	28
Number of children who received Oral Polio Booster	14,137
Number of children who received Measles vaccination	2
Number of school leavers who received Tetanus booster	566
Number of children who received Rubella vaccination	1,603
* Number of new attendances Minor Ailment Clinic	38
Number of subsequent attendances Minor Ailment Clinic	5,562
Number of sessions in school or clinic to carry out or assist at examinations.	3,759

* at school for physically handicapped children.

TABLE 5

NURSING AUXILIARIES – DOMICILIARY WORK

	VISITS	NO ACCESS
Bathings – elderly persons	2,306	
Foot hygiene † elderly persons	3,027	
Hair washing – elderly persons	46	
Disinfestation – Elderly persons	11	
Handicapped adults bathed	10	
Infestation visits	23	
Miscellaneous visits	1,447	
TOTALS	6,870	1,158
GRAND TOTAL	8,028	

TABLE 6

NURSING AUXILIARIES – CLINIC DUTIES

	SESSIONS
Assisting at Child Health Clinics	334
Assisting at Immunisation Clinics	16
Assisting at Chiropody (adults)	413
Assisting at Screening tests of hearing	100
Special bathing (motherless children)	9
Cleansings	146
Scabies	3
GRAND TOTAL	1,021

TABLE 7

NURSING AUXILIARIES – MISCELLANEOUS DUTIES

	SESSIONS
Syringe Unit	477
Escort duties	3
Day Training Centre	39
Clerical	6
GRAND TOTAL	525

(2) DOMICILIARY MIDWIFERY

Although not strictly relevant to this Report, it is worthy of mention that early in 1972 a two-way radio system was installed and is proving of great value both as a means of quick contact of staff for patients' needs and for the speedy exchange of information between office and field staff.

There was a 16.96% reduction in the overall number of deliveries conducted either in the domiciliary field or the G.P. Unit. It will be seen from the statistical tables that of these deliveries more took place in the G.P. Unit than at home:—

59.1% delivered in G.P. Unit	(49.56% 1970)
40.8% delivered at home	(50.40% 1970)

The G.P. Unit is well-liked by both patients and midwives and the arrangement allows the midwife to have patient continuity in respect of ante-natal, labour and post-natal care. As midwives work closely with general practitioners and 14 G.P./Midwife ante-natal clinics are held in surgery premises each week, this situation can be used in determining the suitability of the patient for G.P. Unit delivery.

By a joint arrangement with Health Division 15, Lancashire County, it was decided to extend the cover of patients remaining in the G.P. Unit overnight by the appointment of nursing auxiliaries to give the care and supervision of patients as would be provided by the family, were the patient in her own home; the professional cover being provided as before by the hospital staff after the departure of the domiciliary midwife.

Special Care Service

The Special Care Sisters continued to provide a valuable service for those babies (and mothers) in need of more than average attention. The sisters who carry out this work operate as a small team and provide a seven days per week service for immature and premature babies.

The retirement of Miss Mary Warburton in May, 1971, was a great loss to this team. In her 24 years of service she offered a wealth of experience and understanding to mothers with babies "at risk".

Statistics

Midwives/Pupils

Home and G.P. Unit Deliveries

Home Deliveries

Doctor booked and present	14	
Doctor booked and not present	186	200

G.P. Unit Deliveries

Doctor booked and present	43	289
Doctor booked and not present	246	

Domiciliary deliveries	8.4%	20.53% of total
G.P. Unit deliveries	12.13%	Salford births

Summary of G.P. Unit Bookings

Booked G.P. Unit	539
Delivered in Unit	289
Delivered at home	50
Booking transferred in pregnancy	108
Transferred in labour to hospital	23
Transferred after delivery	(15)
Aborted	20
Cancelled/Removed	49

53.7% of those booked were actually delivered in Unit.

Hospital Discharges (Number of mothers)

Under 4 days	623	
4–10 days	893	1,581
Over 10 days	65	

Home Visits

Ante-natal visits	3,716
Home investigations	1,002
Labour call visits	1,512
Post-natal visits – domiciliary deliveries	8,497
Post-natal visits – hospital discharges	11,587

Ante-natal Clinic Sessions

Local authority clinic	820
G.P. surgery	498

Special Care Service Visits**Referrals of Babies 5lb. 8oz. and under:—**

a) by hospital	108
b) by G.P.s	1
c) From G.P. Unit	5
d) by other Local Authority staff	9

Referrals of babies 5lb. 9oz. and under:—

a) by hospital	31
b) by G.P.s	2
c) from G.P. Unit	2
d) by other Local Authority staff	8

Visits to babies	3,314
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(3) HOME NURSING

Staffing

Approval was given in November to increase the establishment by six S.R.N. district nurses and three S.E.N. district nurses. This increase was requested for two reasons, firstly as a stage towards a more realistic ratio of staff to population, and secondly to allow provision of sufficient staff to undertake the extra work which will arise as a result of the opening of Lower Broughton Health Centre during Spring, 1972.

The staffing position improved towards the end of the year, but the full establishment was not reached. The successful completion of training by students appointed for courses commencing in January, 1972 should make it possible to reach full establishment by May, 1972.

Hospital Liaison

Although liaison schemes involving health visitors were established many years ago, the Home Nursing Service did not have similar arrangements, mainly because of staffing difficulties, and this was a matter for regret since some recent publications have highlighted problems arising for discharged patients because of poor communication or lack of knowledge of available resources. It was decided, therefore, that in spite of staffing problems the start of a liaison scheme should be given priority.

Following discussions with hospital personnel, a senior district nursing sister began liaison duties on 1st September involving Hope and Salford Royal Hospitals. Each hospital is now visited four times per week and all but psychiatric wards are visited. Patients requiring domiciliary care are seen on the ward prior to discharge, and to maintain this link the first home visit is made by the liaison sister who then contacts her colleagues with regard to the patient's future care.

106 patients were referred in the first three months of the liaison arrangements; these were mainly medical cases and the majority were persons 65 years of age and over.

Early in 1972, liaison activities will be extended to include attending the "Pain" clinic held weekly at Hope Hospital, and the appropriate domiciliary follow-up of patients treated at this clinic.

Table 1

Domiciliary Case load at 31st December, 1970	401
New Patients	1,689
Patients Removed from Register	1,456
Case load at 31st December, 1971	634

Table 2

Domiciliary Visits

CONDITION	AGE GROUP					
	0-4	5-18	19-59	60-64	65+	Total all age groups
Anaemia	1	—	420	441	7,103	7,965
Arthritis	—	—	494	81	1,492	2,067
Cancer	—	—	481	393	2,608	3,482
Central nervous system disease	—	16	1,540	144	707	2,407
Complications of pregnancy	—	1	57	—	—	58
Diabetes	49	3	253	672	8,343	9,320
Heart disease	—	—	65	30	1,135	1,230
Infectious disease	14	13	51	18	31	127
Mental Illness	1	1	152	56	202	412
Post-operative cases	59	71	1,625	397	2,871	5,023
Other surgical cases	42	48	1,022	270	4,928	6,310
Respiratory diseases	5	6	51	38	611	711
Stroke/Circulatory disease	—	—	721	457	5,950	7,128
Tuberculosis	—	1	269	39	109	418
Skin diseases	7	4	33	15	490	549
Other	31	17	251	85	4,627	5,011
	209	181	7,485	3,136	41,207	52,218

Table 3

Work carried out	Doctors' Surgeries	Local Authority Clinics
Injections	1,827	2,293
Dressings	1,812	241
Ear syringing	661	49
Cytology tests	128	178
Other procedures	195	180

Laundry service

66 persons used this service during the year.

Loan Service

789 items were loaned during the year.

CHIROPODY SERVICE

The chiropody service is still increasing. 4,373 patients were treated in the clinics during 1971 and 1,211 patients were on the register, showing an increase of 200 patients over the previous year.

1,043 patients were treated in their own homes, and 286 were on the register, an increase of 72 patients.

Overall, an increase of 527 treatments were given, and the period in between treatments was reduced to between 8 and 10 weeks. This can be attributed to the fact that for a considerable part of the year we were fully staffed and able to function without having to cancel clinics.

There is no doubt that an expansion of the service is desirable so that more frequent relief can be given, and to a larger number, of the aged and infirm. Long periods between treatments cause distress to the patient, and instead of maintaining a reasonable standard of comfort, a deterioration of the condition occurs.

The statistics of the work carried out are as follows:—

Total number of treatments given at clinics

Male	805	
Female	3,568	4,373

Langworthy Road Clinic

Sitting Car Cases	Male	104	}	656	
	Female	552			
Walking Cases	Male	238	}	1,472	
	Female	1,234			2,128

Regent Road Clinic

Walking Cases	Male	82	}	417	417
	Female	335			

Murray Street Clinic

Walking Cases	Male	153	}	853	853
	Female	700			

Kersal Centre

Walking Cases	Male	151	}	630	630
	Female	479			

Trinity Centre

Walking Cases	Male	80	}	345	345
	Female	265			

4,373

Total number of Clinic Sessions Held

Sessions at Langworthy Road	305
Sessions at Regent Road	60
Sessions at Murray Street	127
Sessions at Kersal Centre	85
Sessions at Trinity Centre	46
	<hr/>
	623
	<hr/>

Total number of patients invited to clinics

	Attended	4,269
	Defaulted	707
		<hr/>
		4,976
		<hr/>

	Invited	Attended	Defaulted
Langworthy Road	2,443	2,086	357
Regent Road	475	410	65
Murray Street	1,014	846	168
Kersal Centre	675	602	73
Trinity Centre	369	325	44
	<hr/>	<hr/>	<hr/>
	4,976	4,269	707
	<hr/>	<hr/>	<hr/>

Attended 4,269

Additional cases

Dressings	73
Emergency	31

Attended 104

4,373

Average number of treatments per session

$$\frac{4,373 \text{ treatments}}{623 \text{ sessions}} = 7 \text{ per session}$$

**Number of treatments to handicapped persons at clinics
(included in total figure)**

Male	44
Female	58

102

Total number of patients on clinic register at December 31st, 1971

Number of walking cases	1,015
Number of sitting car cases	196

1,211

Number of new cases referred during 1971	<u><u>360</u></u>
--	-------------------

Domiciliary Chiropody

Number of treatments given		
Male	172	
Female	871	<u><u>1,043</u></u>

Number of treatments to handicapped persons (included in total figures)	<u><u>80</u></u>
--	------------------

Total number of patients on domiciliary register	<u><u>286</u></u>
--	-------------------

Total number of new cases referred	<u><u>122</u></u>
------------------------------------	-------------------

Grand Totals of Clinics and Domiciliary	
Total Treatments Given	<u><u>5,416</u></u>
Total Number on Registers	<u><u>1,497</u></u>
Total Number of Handicapped Persons Treated (included in total)	<u><u>182</u></u>
Total Number of New Cases Referred During 1971	<u><u>482</u></u>

IMMUNISATION

1,858 children aged 0—15 years completed a course of immunisation during this year. The statistics relating to the year's work are as follows:—

	<u>0—5 years</u>	<u>5—15 years</u>	<u>0—15 years</u>
Number immunised during the year ended 31st December, 1971	1,828	30	1,858
Total immunised at 31st December, 1971	6,593	19,827	26,420
Population figures 1971	11,800	22,100	33,900
Percentage immunised at 31st December, 1971	55.8%	89.7%	77.9%

The children were immunised as follows:—

At Child Welfare Centres	1,087
By Public Health Nursing Staff in the homes of the children	321
By Nursing staff at school	30
By general practitioners	71
At Well Baby Clinics	342
At Hope Hospital	2
At Day Nurseries	5
	<hr/> 1,858 <hr/>

Of the 1,858 children completing immunisation, 1,823 received diphtheria, pertussis and tetanus (triple antigen) and 35 received diphtheria and tetanus injections.

160 booster doses of triple antigen were given to children in the 0—5 years group.

14,907 booster doses against diphtheria and tetanus were given to school children during the year.

During the early part of 1971 a campaign was organised, its aim being to give a booster dose against diphtheria, tetanus and polio to as many school children as possible. The success of the campaign is shown by the above figures which are approximately 70% of the school population.

Whooping Cough Immunisation

1,823 children received whooping cough immunisation during the year, all these children being given triple antigen injections.

Poliomyelitis Vaccination

The figures below show the number of children who have completed a course of oral poliomyelitis vaccination during the year:—

	<u>3rd Dose</u>	<u>4th Dose</u>
Children 0—5 years, 1967—1971	1,831	410
Children 5—15 years, 1957—1966	28	14,137
Young people age group, 1933—1956	—	678
Older people up to 40 years of age	—	—

The total number of poliomyelitis vaccinations given at 31st December, 1971 are as follows:—

	<u>Completed Salk and oral vaccine</u>	<u>Booster Salk and oral vaccine</u>
Children 0—5 years, 1967—1971	7,978	1,792
Children 5—15 years, 1957—1966	19,405	36,634
Young people, 1933—1956	28,216	22,682

B.C.G. Vaccination

The following figures show the number of Heaf Tests and B.C.G. vaccinations given to 11 year old children and older children who had missed previous vaccination sessions:—

	<u>Consents</u>	<u>Positive</u>	<u>Negative</u>	<u>D.N.A.</u>	<u>B.C.G. Vaccination</u>
Boys	816	56	591	169	591
Girls	881	64	580	236	580
Total	1,697	120	1,171	405	1,171

Smallpox Vaccination

During the latter part of 1971, on the advice of the Department of Health, smallpox vaccination was discouraged. Invitations had been sent previously to parents to bring their children to clinics for routine smallpox vaccination but this has now been discontinued. Smallpox vaccination will be given when it is necessary to conform to International Health Regulations. The statistics relating to smallpox vaccination during the year are given below:—

Age at date of vaccination in the year

	<u>Under 1 year</u>	<u>1 year</u>	<u>2—4 years</u>	<u>5—14 years</u>	<u>Over 15 years</u>
Primary Vaccination	8	315	99	29	25
Re-vaccination	—	1	4	23	230

Measles Vaccination

Number of children who received measles vaccination during the year:—

0—5 years	754
5—15 years	2

Tetanus Immunisation

The number of school leavers receiving booster doses of Tetanus vaccine and oral poliomyelitis vaccine during the year was 684.

Rubella Vaccination

The number of children vaccinated during the year with Rubella Vaccine is as follows:—

Children born 1953	2
Children born 1955	3
Children born 1956	63
Children born 1957	517
Children born 1958	529
Children born 1959	467
Children born 1960	22
TOTAL	<u><u>1,603</u></u>

INFECTIOUS DISEASES

The following table shows the number of infectious diseases notified during the year:—

Disease	All ages	Under 1 year	1-5 years	5-15 years	15-25 years	25-44 years	45-65 years	Over 65	Age not known
Scarlet Fever	15	—	5	9	1	—	—	—	—
Whooping Cough	30	11	9	10	—	—	—	—	—
Measles	260	27	122	109	—	1	—	—	1
Dysentery	26	4	14	2	1	3	—	—	2
Food Poisoning	38	—	13	9	—	9	3	2	2
Tuberculosis (Respiratory)	30	1	—	1	1	8	10	9	—
Tuberculosis (Other)	4	—	1	1	—	1	—	1	—
Infective Hepatitis	46	—	4	22	11	6	2	1	—
Acute Meningitis	12	1	2	6	1	2	—	—	—
Ophthalmia Neonatorum	1	1	—	—	—	—	—	—	—
TOTAL	462	45	170	169	15	30	15	13	5

VENEREAL DISEASES

Contact tracing in the control of venereal diseases is carried out by a qualified health visitor, who is attached to St. Luke's Venereal Diseases Clinic, Duke Street, Manchester. The health visitor is on the staff of Manchester Health Department and is responsible for contact tracing in Salford as well as in Manchester. The system works extremely well and there is good liaison between the Clinic and our own staff. There has been no change in these arrangements for many years.

With regard to local health education efforts against venereal disease, talks on this subject are included in our health education programme for schools. The talks are included in the programme as a matter of routine without any highlighting whatsoever.

AMBULANCE SERVICE

The following table gives a detailed account of patients carried and mileage run during 1971 as compared with previous years:—

Comparison of Total Patients Carried and Mileage Run over Period 1965–1971

	1965	1966	1967	1968	1969	1970	1971
Patients carried	101,746	106,634	112,693	114,291	111,766	114,784	120,082
Mileage Run	256,633	266,254	274,296	278,369	270,353	267,864	276,820
Increase/Decrease in patients	– 1,014	+ 4,888	+ 6,059	+ 1,598	– 2,525	+ 3,018	+ 5,298
Increase/Decrease in Mileage	– 1,317	+ 9,621	+ 8,042	+ 4,073	– 8,016	– 2,489	+ 8,956

During the year the ambulances carried 106,648 patients and travelled 236,685 miles and the sitting-case vehicles carried 13,434 and travelled 40,135 miles. This shows an increase of 5,298 patients carried and an increase of 8,956 miles travelled.

Operationally we have 12 stretcher ambulances, 4 sitting-case ambulances, 2 sitting-car vehicles and a 20-seater Variety Club coach.

The Ambulance Service establishment consists of:—
an Ambulance Officer, Deputy Ambulance Officer, Station Officer, eight control room staff, 42 driver/attendants, two 'Pool' car drivers and one general duties man.

In June driver/attendants Pearson and Houghton represented the Ambulance Service in the National Ambulance Regional Competition, which was held at Wigan. Mr. Pearson obtained the highest marks and won the top driver award, and the aggregate marks obtained for team work gave them third place to Manchester and Liverpool.

In August, Mr. Pearson represented the service at the National Finals which were held at Harrogate; and on this occasion he was awarded second place, Manchester Ambulance Service winning the team award and Cheshire Ambulance Service the second place attendants award. The aggregate points awarded to the three services won for them the Regional trophy.

A working party was formed to discuss the replacement of the heart ambulance and this resulted in an order being placed with Herbert Lomas Limited. It is hoped that the new ambulance will be in service by mid-1972.

SALFORD HOUSE

During 1971, Salford House served not only as a temporary shelter for those requiring it, but as a permanent or semi-permanent home for pensioners, and also for a large number of working men employed in the area. It provides 285 separate cubicles, and the average number of residents per night was 276, this being an improvement on the previous year's figures. Of this number, 60% were permanent, 25% stayed for a period of one to three months, and 15% were itinerants, staying for only one or two nights.

The charges for accommodation remained at the same level as in the previous year, that is, at 40p per night or £2.63 per week. Many of the short term residents now receive accommodation vouchers instead of money from the Department of Social Security, and this has the effect of extending their stay at the Hostel.

The various services provided by the Health and Social Service Departments were used to full advantage by the permanent residents. Many of the older men visit the geriatric clinic at the nearby Trinity Centre, and the monthly visits by a member of the Chiropody Service were greatly appreciated. A visit was made on September 23rd, by the Mobile Radiography Unit, when 86 of the residents and staff were X-rayed.

In the course of the year the Hostel was visited by several parties of Student Public Health Inspectors, Student Nurses and Social Workers, who all seemed interested in the conditions found in a Municipal Lodging House.

The Social Club, situated in the basement, and the day room on the ground floor, were both re-decorated in bright modern colours, and now look much more cheerful.

A Christmas party was held in the Club on Wednesday, 22nd December, when a Buffet Supper, open to all, was laid on. A wide selection of sandwiches, meat pies, salads, fruit cake, etc., with tea or coffee, was prepared and served by the staff, and was enjoyed by everyone.

The funds of the Social Club are now in a very sound condition, and the Social Committee authorised expenditure of £500 for the purchase of fifty steel framed armchairs, to replace the old flock-stuffed chairs. One hundred pounds was also spent on renovating the billiard table, and on other games.

The Social Club continues to fulfil an urgent need for recreation and companionship in the lives of the residents, with its facilities for various games, T.V., and a low priced snack bar, and is a valuable addition to the amenities provided at the Hostel.

CITY OF SALFORD

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

D. J. ROBERTS

M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.

1971

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STAFF OF THE SCHOOL HEALTH SERVICE

at 31st December, 1971

PRINCIPAL SCHOOL MEDICAL OFFICER	D. J. ROBERTS, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER	D. W. PRESTON, M.B., Ch.B., D.P.H.
SENIOR MEDICAL OFFICERS	K. M. PEARCE, M.B., Ch.B., D.C.H., D.M.S.A. ELIZABETH HIGHAM, M.B., Ch.B.
SCHOOL MEDICAL OFFICERS	SHANTI JAIN, M.B., B.S., M.S. V. P. O'SULLIVAN-QUINN, M.B., B.Ch.
PART-TIME SCHOOL MEDICAL OFFICERS	JEANNE ACANNE-FISTEIN, M.B., B.Ch., B.A.O., D.P.H. B. HARING, M.R.C.S., L.R.C.P., D.P.H. ELIZABETH M. SUMMERS, M.B., Ch.B., D. (obst). R.C.O.G.
*CONSULTANT ORTHOPAEDIC SPECIALISTS	W. SAYLE CREER, M.Ch., orth.F.R.C.S.
*CONSULTANT PAEDIATRICIAN	R. I. MACKAY, M.B., Ch.B., M.R.C.P., D.C.H.
PART-TIME OCULIST	J. SCULLY, M.D., D.P.H., D.O.M.S.
*CHILD PSYCHIATRIST	J. ERULKAR, M.R.C.P., D.C.H., D.P.M.
PRINCIPAL SCHOOL DENTAL OFFICER	E. ROSE, B.Sc., L.D.S.
ASSISTANT SCHOOL DENTAL OFFICERS	AGNES M. PATERSON, L.D.S. A. E. FRANKHAM, D.D.D., D.M.D.
PART-TIME SCHOOL DENTAL OFFICERS	F. G. DeCOURCY GRYLLES, B.D.S., J. KURER, D.M.D.
PART-TIME DENTAL ANAESTHETISTS	R. BELLINGHAM, M.B., Ch.B., D.A. N. LEVY, M.B., Ch.B.
PART-TIME SPECIALIST ORTHODONTIST	W. B. SENIOR, D.D.O., R.F.P.S., L.D.S., R.C.S. (eng.)
CHIEF ADMINISTRATIVE OFFICER	H. MILLINGTON, B.A. (admin.), M.I.S.W.
DIRECTOR OF NURSING SERVICES	MISS D. LAMB, S.R.N., R.F.N., S.C.M., H.V.Cert.
SUPERINTENDENT PHYSIOTHERAPIST	MISS PATRICIA K. FOGG, M.C.S.P.
CHIEF CHIROPODIST	VACANT
SENIOR ADMINISTRATIVE ASSISTANT	MISS D. McMILLAN

* By arrangement with the Manchester Regional Hospital Board.

SPEECH THERAPISTS

VACANT

DENTAL AUXILIARY

MISS C. ARMITAGE

AUDIOMETRICIAN

MISS A. TRAVIS

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

For the year ended 31st December, 1971

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

Ladies and Gentlemen,

It gives me great pleasure to present my Annual Report for the year 1971 to you.

During the latter part of the year under review the City Council resolved that a survey of all junior school children in Salford affected by recent legislation with regard to free school milk should be carried out with the object of ascertaining their requirement for free milk on medical grounds. It was also requested that this should be carried out as speedily as possible. Somewhere in the region of 9,000 children needed to be surveyed and clearly this was an enormous task. Around 46% of the children surveyed were considered to require free milk. This may seem a very high percentage compared with other authorities but then so many of our statistics are adversely high when compared with those of other authorities. There are bound of course to be anomalies when a survey of this nature is undertaken so rapidly and the department is open to requests from headteachers and parents to review children, who, in their opinion should be in receipt of free milk. Similarly if any parents feel aggrieved that their child is receiving free milk and put forward a request that this should not be given, we will accede to the parents' wishes.

Head infestation has been a great problem to us for very many years and we are certainly not alone in this. We have recently introduced a new preparation which we hope will be considerably more effective than previous preparations which we were using and I am confident that in the not too distant future we are going to witness a tremendous reduction in the degree of head infestation in our schools.

I referred in my last report to the massive immunisation programme which was being undertaken in the schools at that time. This particular venture, involving the immunisation of some 15,000 children, was completed most expeditiously, and is another example of the heavy demands which I make all too frequently on the field staff. As I so often repeat, it is most essential that parents should take advantage of the immunisation procedures which we offer to them. The prevention of diseases such as Diphtheria has been so successful in this country that there is little wonder that parents sometimes think there is no need to worry. Diphtheria is however still rampant in many countries and we would certainly suffer the same problems here if it were not for the fact that every authority in the country carries out an active immunisation programme.

The Dental Service which we offer to school children improves steadily and if we ever arrive at the stage when fluoride is actually added to the water supply we would hope that the amount of time available for such tasks as the conservation of teeth and orthodontics would increase considerably as the result of a much diminished demand for extractions.

Finally I should like to thank the Director of Education and the Headteachers for their splendid co-operation in maintaining a healthy school child population, and the

staff who carry out the fieldwork for their tireless support and diligence.

I have the honour to be, Ladies and Gentlemen,

Yours obedient Servant

A handwritten signature in dark ink, appearing to read "V.J. Peters," with a small flourish at the end.

Principal School Medical Officer

MEDICAL EXAMINATIONS

Periodic medical examinations

In 1971 3,496 school entrants were examined. When five year old children are examined the percentage of parents who respond to the invitation to be present at the examination is always high and this year the percentage of children accompanied by a parent was 87%. Only 0.37% of those examined were considered by the examining medical officer to be of "unsatisfactory" physical condition.

As in previous years ear, nose and throat conditions were the commonest defects found at these examinations. 647 children (185 per 1,000 examined) required treatment or observation for nose and throat conditions; 173 children (49 per 1,000 examined) required treatment or observation for inflammation of the ears and 134 children (38 per 1,000 examined) required treatment or observation for hearing difficulties.

Periodic medical examinations were also carried out in primary schools on 403 older children who had never previously been medically examined in school.

In secondary schools boys and girls are medically examined at the age of 15 or during the last year at school and altogether 1,452 pupils were examined. Only 12% of those examined were accompanied by a parent. 81 defects requiring treatment were found at these examinations. 0.14% of those examined were considered to be of "unsatisfactory" physical condition.

Special Examinations in Schools

In ordinary schools 1,056 special examinations were carried out. Some of these examinations were carried out at the request of head teachers, health visitors, education welfare officers or parents; and some were carried out on children who had been medically examined previously and a follow-up examination was considered desirable by the medical officer.

814 examinations were carried out in special schools, over 400 of them being at Claremont Open Air School.

174 children going on school journeys to places outside the United Kingdom were examined by medical officers to ascertain their fitness for the journey.

Clinics

During the year 1,975 special examinations, including 71 employment examinations, were carried out at school clinics. In addition 218 full examinations were carried out on children who were absent from school at the time of the doctor's visit.

Throughout the year school children have been invited to attend some of the local authority's child health clinics which are chiefly for babies and children under the age of 5 years, and altogether 303 examinations were carried out on school children at these clinics.

Examination of Teachers

Candidates for employment as teachers and training college entrants are examined by school medical officers. In 1971, 47 teachers and 114 training college entrants were medically examined. A further 6 candidates were examined at the request of other local authorities. All except 2 of those examined were found to be free from defects or to possess defects unlikely to interfere with efficiency in teaching.

THE HANDICAPPED REGISTER

The following table shows the number of children on the register of handicapped pupils needing special educational treatment in the last two years:—

	1970	1971
Blind	3	4
Partially Sighted	15	13
Deaf	17	17
Partially Hearing	30	31
Educationally Subnormal	406	499*
Epileptic	7	6
Maladjusted	11	14
Physically Handicapped	83	89
Speech Defect	3	2
Delicate	200	143

* Includes 103 severely subnormal pupils either attending the Margaret Whitehead School or awaiting admission to this school.

The children attending Parkfield Unit, Halton Bank Special Unit and Greengate Special Nursery School are not formally ascertained as handicapped pupils in need of special education and are therefore not included in the above table.

Waiting List

At the end of 1971 there were 166 children on the waiting list for admission to a Day Special E.S.N. School.

THE SPECIAL REGISTER

A special register is kept of children with certain disabilities. These children are able to attend ordinary schools, as the disabilities are not so severe that special education is necessary.

The following table shows the number of children, with the disabilities specified, whose names were on the special register in 1970 and 1971:—

	1970	1971
Partially Sighted	21	18
Partially Hearing	36	26
Epileptic	77	73
Physically Handicapped	83	63
Heart	48	43
Acute Rheumatism	25	17
Asthma	123	152
Diabetes	9	9

EDUCATIONALLY SUBNORMAL CHILDREN

The Education (Handicapped Children) Act, 1970 came into force on 1st April 1971, and with effect from this date the Margaret Whitehead School became one of the local education authority's special schools. Children attending this school are now classified as "educationally subnormal" and no longer as "unsuitable for education at school".

During the year special examinations were carried out on 158 children who were thought to be educationally subnormal. The total number of attendances made by these children was 176. The actual number of intelligence tests carried out was 148, of which 109 were carried out by duly qualified medical officers and 39 by educational psychologists.

As a result of the examinations the following recommendations were made:—

	Boys	Girls	Total
Education at a Day Special E.S.N. School:—			
Margaret Whitehead School	5	5	10
Fernhill or Broomedge	30	20	50
To continue at a Day Special E.S.N. School:—			
Margaret Whitehead School	5	7	12
Fernhill or Broomedge	5	1	6
Education at a Residential E.S.N. School	4	—	4
To continue at a Residential E.S.N. School	—	1	1
Education at a Residential School for Maladjusted Pupils	4	—	4
Education at a Day Maladjusted Unit	1	—	1
Education at a Day Open Air School	3	—	3
To continue at a Day Open Air School	7	1	8
To continue at a Day Physically Handicapped School	1	2	3
Education at an ordinary school with remedial teaching	7	1	8
Education at an ordinary school	15	5	20
To be re-examined	17	11	28
	<hr/> 104	<hr/> 54	<hr/> 158

The proportion of girls examined was slightly lower than in the two previous years:—

1971	34.2% girls
1970	36.1% girls
1969	36.2% girls

The examinations were requested by:—

School Medical Officers (after consultation with Head Teachers)	116
Educational Psychologists	10
Head Teachers	24
The Director of Education	4
Hospital Consultants	2
The Social Services Department	2

158

VACCINATION AND IMMUNISATION

B.C.G. Vaccination

In 1971, B.C.G. vaccination was again offered to all pupils in their first year at a secondary school. Vaccination was also offered to all those in older age groups who had never previously been vaccinated.

The parents of 1,697 children consented to vaccination and 1,291 children were Heaf tested. The remaining 405 children were absent when the doctor visited the school. Of those who were Heaf tested 1,171 (90.7%) were negative and were vaccinated.

The number vaccinated was almost the same as in 1970, when 1,191 children were vaccinated.

Tetanus and Poliomyelitis Immunisation of School Leavers

Booster doses of tetanus toxoid and poliomyelitis were again offered to children aged 15 years or over.

Those who had never previously been immunised were offered a full course of primary immunisation against these two diseases.

The number of injections given was 914 and the immunisations were carried out partly by the medical staff and partly by the nursing staff.

Rubella Vaccination

Vaccination against rubella (German Measles) is offered to all girls between their 11th and 14th birthdays. The purpose of rubella vaccination is to protect as many girls as possible against this disease before they reach child-bearing age, because of the known association of certain foetal abnormalities with rubella infection in pregnancy.

In 1971 1,603 girls were vaccinated against rubella by the nursing staff.

INFECTIOUS DISEASES

The following list shows the number of cases of infectious diseases notified during the year 1971 among Salford children aged 5–15 years:—

Acute Meningitis	6
Dysentery	2
Infective Jaundice	22
Measles	109
Scarlet Fever	10
Tuberculosis (Respiratory)	1
Tuberculosis (Meningitis)	1
Whooping Cough	14
Food Poisoning	10

DEATHS AMONG SALFORD SCHOOL CHILDREN

In 1971 there were 7 deaths among Salford school children and 6 of these 7 deaths were due to accidents or misadventure.

One child was knocked down by a car, one was drowned and two died as a result of a house fire. Two children died due to asphyxia, caused by the inhalation of vomited food. One death was due to a brain abscess.

ENURESIS CLINICS

The enuresis clinics continue to function as specific clinics in the Child Health Service, where this distressing disorder can most effectively be assessed and managed.

Though the majority of children seen are healthy, any organic cause must always be excluded which necessitates a physical examination, before proceeding to the main principles of therapy.

It has been said elsewhere, and rightly, that the most important contributions the doctor can make in the treatment of this condition, are "concern, involvement, and time to listen and explain" and these are the precepts that are followed.

So much parental anxiety, hostility and child misery, are caused by bed-wetting — which very often affects not just the child who is brought along to the clinic in the first place, but several of the siblings also — that it is essential to assess each child in a relaxed and friendly atmosphere. Only in this way can the confidence of the child be restored, and co-operation of the mother, child and family be obtained.

Also, once the mother understands the nature of the problem, she is reassured that there is nothing physically wrong. She is relieved as well, of any guilt she may have, that she has failed somehow in her child rearing ability. Many mothers feel that family and neighbours are criticizing them for inadequate training.

The causes of enuresis are multi-factorial, but permanent success can only be achieved if a good routine is established in the child's home management. This requires much patience and consistency of discipline from the parents — alas too difficult for

many to maintain! So, though most children can be helped, there remain families where emotional disturbance is great and social problems too heavy, to cope with this added burden. Unfortunately, these are the families who more frequently have several bed-wetting children and the constant replacement costs of new night-wear and bedding is further financial hardship.

Since the recent routine periodic examination of children of school leaving age was re-introduced, a number of enuretic children have been discovered. Some of these children had been dry at an earlier date and then relapsed, and some had never been dry. Active co-operation from this group has proved somewhat disappointing even with the loan of the alarm units — as the attitude tends to be one of resignation that ultimately the wetting will cease spontaneously — so they tend to be lethargic and indifferent to help.

The figures for the year are tabulated below and, as has been stated before, can only reflect a partial progress picture, as the children mostly attend at three monthly intervals and in the last few months of the year will have only attended once. The figures are as follows:—

Number of Clinics		64
Number of Children seen	Boys	101
	Girls	72
	Total	<u>173</u>
Number of Examinations		261
Alarm Units loaned	Boys	13
	Girls	7
	Total	<u>20</u>
Improved	Boys	23
	Girls	14
	Total	<u>37</u>
Dry Minimum of six months	Boys	22
	Girls	21
	Total	<u>43</u>
Discharged	Boys	8
	Girls	3
	Total	<u>11</u>

Behaviour Problems

It has also been necessary to continue the practice of seeing at enuresis clinics children referred for assessment because of emotional problems. This is because no other convenient times are available and it avoids time wasting which otherwise ensues from clinic defaulters.

Number of Children seen	Boys	30
	Girls	32
		<hr/>
		62
		<hr/>
Number of Examinations		81

Children who are seen have emotional difficulties and mild behaviour problems, and are causing anxiety at home and at school. If the disturbance is manifestly severe, full psychiatric help is enlisted immediately. A very close liaison is maintained with the school to follow progress, and as much family guidance is also required, this entails the help and involvement of health visitors and family doctors. Parents and head teachers are most appreciative of the time spent on these examinations in which counselling is an integral and most important part.

With the increasing prevalence of promiscuity, drug involvement and mental disorder in the young adult it is the responsibility of all concerned in the caring of children, to be on the look-out for signs of personality disorder and maladjustment. Help given if it is to be effective, must be given early whilst there is still time for re-direction of attitudes, which play such a vital role in contributing to healthy emotional growth and a stable adult life.

Medical referrals

A further 38 children received medical examinations at enuresis clinics as urgent referrals because no other suitable clinic was available.

Altogether, therefore an overall total of 380 examinations were carried out during the year at enuresis clinics.

PRE-SCHOOL CLINICS

The introduction of these multipurpose clinics for pre-school children during 1970 has proved of considerable value in enabling an earlier start to be made in assessing children's future educational needs. Specific difficulties and problems can be evaluated and even where special schooling is not needed advice and guidance can be provided for the Educational Department and its staff at an early stage — often even before a child enters school.

During 1971, 219 children were seen at these clinics. A total of 278 examinations were carried out at 46 sessions. All children recommended for admission to Greengate Special Nursery School are now seen at a pre-school clinic to ensure that priorities for admission are fully assessed.

The work of the clinics followed the same lines as indicated in the Annual Report for 1970.

CONSULTANT PAEDIATRIC CLINIC

The services of the Paediatric Consultation Clinic have continued to be available during the past year for pre-school and school age children referred by the medical officers of the Health Department and special sessions have been held in the schools for physically handicapped children to attend to the problems in these schools. A clinic is held at the Margaret Whitehead School once a month but the visits to the schools for the physically handicapped are much less frequent.

At the Langworthy Road Clinic a weekly session is held for consultation purposes and when necessary specimens taken for referral to the hospital laboratory. X-ray examinations can also be ordered though these require attendance by the child at the hospital.

A wide variety of conditions can be dealt with at this clinic and particular emphasis is placed on developmental assessment of babies and young children who may have medical or behavioural problems. A medical officer of the Health Department attends the session at the special schools for physically handicapped children and is usually in attendance at the Langworthy Road Clinic. This session integrates with the developmental clinic for premature infants thus consultation is facilitated in all areas in which the paediatrician is of help. It is possible to consult with physiotherapists and nurses involved in the day to day management of the children to everyone's advantage. When the clinic is held in school there is opportunity for discussion with medical staff and the head teacher when medical problems impinge directly on the child's education. The parents are always invited to these clinics and take part in discussions with the head teacher.

A report on the consultation and results of relevant investigations are always forwarded to the child's general practitioner who has in every case previously given consent for the consultation.

In this way the facilities of the Health Service for the child can be integrated and used to the best advantage. Social problems can be dealt with by the Health Visitors and Social Workers who attend or keep contact with the clinic.

OPHTHALMIC CLINIC

During 1971 there were 4,114 attendances comprising of 2,081 boys and 2,033 girls and of these 2,149 were refracted and 1,188 pairs of glasses were prescribed. Attendances at the Orthoptic Clinic were 1,701 comprising 879 boys and 822 girls. Attendance at this clinic was concerned with the treatment of amblyopia associated with strabismus. The usual mode of treatment consisted of inverse occlusion followed by orthodox occlusion depending on the age of the child and the type of fixation. Younger children aged 2—3 whose fixation was eccentric commenced treatment with inverse occlusion and the older children aged 4—6 whose fixation was central were treated from the first with orthodox occlusion. Vision testing of these younger children involved the use of the Beale Collins picture chart, the Sheridan Gardner

letter matching test and the children aged 4—5 the illiterate "E" test. Children were not referred for operation until the best visual acuity likely to be obtained has been achieved; this sometimes involved a period of several months because of intermittent attendance of some of the children. Children who defaulted were re-invited on three occasions and if still failing to attend were home visited by the Health Visitor. On talking with the mothers of these children emphasis was placed more on the recovery of visual acuity than on the convergence or divergence of the squint though the latter aspect of the disability was always the uppermost in the mind of the parent.

Cases for surgical correction of squint were placed on the list at Hope Hospital after examination at the Ophthalmic Clinic at the hospital. New cases of squint during the year totalled 147 of which 71 were boys and 76 were girls.

Experience during the last 8 or 9 years confirms the opinion that squinting children should be ascertained as soon as possible after onset in order to diminish the period between onset of strabismus and the commencement of treatment. With this object in view family doctors and school medical staff have been circularised suggesting that cases of squint should be sent for treatment immediately they are ascertained.

Amblyopia in children without ocular deviation has been ascertained in 48 new cases during the year. This has been due in all cases to anisometropia or to a high degree of hypermetropia or to astigmatism. After refraction, fundus examination, and the prescription of glasses where necessary, occlusion of the better eye has been instituted for a period of 2 or more hours each evening after the child has finished homework. This period of time is usually spent in looking at the television set or in reading or drawing. Encouragement has been given for longer periods of up to eight hours at the weekend if the child happens to be indoors or under parental supervision. Children of all ages up to 11 or 12 years were given this occlusion treatment. Those not responding so well belong to the age group 9—11 or even older. In short the object has been to use the child's non-playing or working leisure time to stimulate the amblyopic eye. In all 43 cases during the year were supervised and in the successful cases results were achieved in a period of two to four months. It has been mentioned by Coles (1957) that as many as 7% of school children were amblyopic from squint or other causes and it is thought that these measures to remedy the condition in non-squinting children should be of benefit.

During the year 12 cases of infants with epiphora due to incomplete development of the lacrimal apparatus were supervised by repeated visits and the prescription of antibiotic drops. In six cases it was necessary to probe the canaliculus and lacrimal duct under general anaesthetic at hospital.

There have been 75 new cases of conjunctivitis, corneal foreign bodies and epilation of the eyelashes, but these have not been enumerated being regarded as a normal percentage in an out-patient Ophthalmic Clinic.

REPAIR AND REPLACEMENT OF SPECTACLES

All head teachers are notified of children who have been supplied with spectacles through the Eye Clinic and vigilance is observed by teaching and health visiting staffs to ensure that such children do wear their spectacles and urge repair or replacement if they find a child is not wearing them because of breakage.

The past year has not followed the downward trend of breakages of the two previous years. Statistics for the past five years are as follows:—

Repairs and replacements 1971	115
Repairs and replacements 1970	83
Repairs and replacements 1969	81
Repairs and replacements 1968	150
Repairs and replacements 1967	169

SCHOOL DENTAL SERVICE

Mr. E. Rose, Principal School Dental Officer, reports as follows:—

I am pleased to be able to report that we have been able to maintain an improvement in the general dental health of the children in our care in this year. Our statistics show that we have also been able to maintain our improvements in the number of patients who accept treatment. This is shown by the fact that the number of children receiving treatment is now a greater proportion of those inspected at schools than it has ever been before. This is also reflected in the fact that fewer children now present grossly carious septic mouth conditions.

While we can claim to have almost eliminated this frightful condition, there is no cause for self congratulation. The number of children needing dental treatment (seen at inspections) and needing the repair and rehabilitation of their mouth is still tragically far too many. We must consider very closely whether or not we can in the future increase the number of Staff available for dental health education and in particular for preventive and community dentistry. While we do all we can to repair the damage caused by malnutrition and lack of dental hygiene, it is manifestly obvious that our attention should increasingly be turned to eliminating the causes of dental troubles.

The opening of Langworthy Dental Clinic has proved a great benefit and has more than overturned the tendency for patients from the north side of the City not to attend the Dental Clinic. Since this Clinic was opened and Dental treatment was available for patients our statistics show a substantial improvement in attendances from those schools on the north side of the City which were formally inaccessible.

In general one may say that as our Staff has been static through the year but treatment levels provided have maintained very steady rate. Once again I may stress two things, firstly that again there has been a reduction in the number of teeth extracted and this year quite a substantial reduction, in the order of twelve percent. Secondly that the number of teeth saved continues to improve in the younger age groups and the acceptance by mothers of treatment for smaller children continues to be at an encouraging rate.

CHILD GUIDANCE CLINIC

Since the departure of Dr. Model, to the present time, the Child Guidance Clinic has undergone several changes; a change of medical director, three psychiatric social workers in post, and a change of secretarial staff. During this period must urgent new cases were seen at the Royal Manchester Children's Hospital which has set a pattern for many of the family doctors. Since I commenced at Salford Child Guidance Clinic, most of the work has been in seeing patients already known to the Clinic.

It was decided after a series of discussions that children known to the Clinic should be divided into two groups, those belonging to the School Psychological Service, and those needing to be seen by a Psychiatrist, and the full child psychiatric team.

There is nationwide uncertainty about the future development of Child Guidance Clinics.

Dr. Erulkar, consultant child psychiatrist, joined the Clinic in July, but is unfortunately able to give us only one session per week. There has been more than one change in social work staff, Mr. Minty taking up a permanent appointment in November.

It is the responsibility of the Clinic to be available to see and discuss any child who is causing concern to parents and/or professional workers e.g., school welfare officers, teachers, social workers. The initial referral may indicate only one difficulty but investigation frequently reveals multiple problems within the family.

If on investigation, the problem is found to be primarily a social one, the social worker takes action in conjunction with the relevant department. If on investigation, the problem is found to be primarily an educational one, it is possible for special educational treatment, remedial teaching or discussion of the problem with teachers to be arranged.

A large proportion of cases, such as those that fall within the area of social/emotional difficulties, does not fit into either of these two categories, nor do such cases necessarily require psychiatric investigation and treatment. Together the social worker and psychologist try to find ways outside the traditional Child Guidance approach to help both the child and his family in their immediately stressful situation. Whereas in the past, parents have been invited to come to the Clinic or have been seen in their own homes, they are now sometimes seen in school. It is hoped to extend this approach and to arrange group meetings of parents while at the same time, the children of these families are being helped by the teachers and psychologist.

With the establishment of the Social Services Department it has become possible to work more closely with those Social Workers responsible for children. Also regular visits are made to the Reception Centre and meetings of housemothers held at which individual children and the broader issues of child care are discussed.

The changing pattern of local authority work demands adaptation of existing resources and it is hoped that the first steps have been taken in this direction.

SCHOOL HEALTH VISITING

Following the pattern of the last few years, the Health Visiting Service was called upon to undertake extra activities on behalf of schoolchildren. This was accomplished without extra staff and was only possible by considerable goodwill and the fullest possible use of ancillary staff. Because of the need for increased examinations, injections and procedures, it is regretted that health education was not given the prominence it deserves.

A team approach is essential when literally thousands of actions are undertaken on behalf of schoolchildren and there is a clearly established role for health visitor, clinic nurse, and nursing auxiliary who comprise the team; in some instances by the application of professional skills and in others by ability to carry out technical procedures. In the latter context, the nursing auxiliaries make a valuable contribution and some carry out responsible technical work.

EXAMINATIONS

Annual Health Survey

All children except those due for a medical examination were examined by health visitors or clinic nurses with a view to the early detection of conditions requiring treatment.

Total number of children examined 18,220

766 (4.2%) were referred for further examination as follows:—

a)	to medical staff	187	—	24.4%
b)	to speech therapist	16	—	2.08%
c)	to chiropodist	461	—	60.18%
d)	to dentist	102	—	13.31%

Vision Tests

Colour vision testing was introduced at the start of the calendar year for all school leavers. 1,900 children were tested, of these, 41 — 2.15% were referred to the Eye Clinic. 19,076 children had their vision tested by the use of the Keystone Vision Screener — 1,308 — 6.85% were referred to the Eye Clinic.

Hygiene Examinations

This work was undertaken by nursing auxiliaries as in former years. 35,000 more examinations and re-examinations were carried out than in the previous year, but this only served to identify the number infested and did not in any way reduce the problem.

In the last term a new lotion was used and whilst it is too early to judge the overall effect on the infestation rate, there is reason to believe from early treatments carried out that a more effective product has been found.

Screening for free milk

To establish as soon as possible, those children who would be at a disadvantage after the withdrawal of free milk by the government, arrangements were made for health visitors to undertake a survey during the Christmas term.

Because of the large numbers to be seen within one term, alongside an already heavy programme, of necessity, the examinations had to be confined to a short examination. If one remembers however, that a qualified person can absorb much even as a child approaches e.g. colour, posture, size, and certain skeletal conditions, and to this can be added knowledge of the social background by either health visitor or teacher, then these examinations were by no means as cursory as they appeared to the lay eye.

9,054 children were examined

4,167 — 46% were recommended for free milk.

Immunisation Programmes

As a result of a special drive a far greater number of children were given booster doses of immunising agents as indicated below:—

Oral Polio Vaccination

14,137 (1,249 — 1970)

Diphtheria and Tetanus Injections

14,907 (1,348 — 1970)

Details of other immunisation work carried out by health visitors and clinic nurses will be found in the statistical summary.

Oaklands School

Although minor ailment clinics as such have been discontinued a treatment clinic conducted by a clinic nurse was held daily in this school as in the past; this particular clinic provides for a different need, as here the treatments required by the children are such as to merit the attention of a trained nurse whereas the minor ailment clinics tended to produce conditions which a mother could treat for herself.

Health Education

Subject	Group	Number of talks/discussion
Human & Social Biology	Boys 14–16 years (32 for C.S.E. Exams and 20 others)	96
	Boys and Girls 14–15 yrs	17
Citizenship Course	Boys and Girls 14–15 yrs	38
Human relationships and First Aid	Girls 14–15 yrs	74
Child Care	Girls 14–15 yrs	10
Personal Hygiene	Boys and Girls 9–11 yrs	8
Mothercraft (Duke of Edinburgh Award)	Girls 13–14 yrs	19

Smoking was not treated as an isolated subject but was incorporated in appropriate courses.

Summary of work carried out by Health Visitors, Clinic Nurses and Nursing Auxiliaries

(a)	(i)	Number of children examined at Health Survey	18,220
	(ii)	Number of children screened re free milk	9,054
(b)	(i)	Number of children who had vision tested	19,076
	(ii)	Number of children who had colour vision tested	1,900
(c)	(i)	Number of examinations undertaken re infestation	59,739
	(ii)	Number of re-examinations re infestation	14,309
	(iii)	Number of children found to be infested	2,848
	(iv)	Number of children cleansed (on more than one occasion)	103
(d)		Number of home visits	2,209
(e)		Number of school visits for discussion with headteachers	1,381
(f)		Number of Health Education talks given	262
(g)	(i)	Number of children who completed Diphtheria/Tetanus immunisation	30
	(ii)	Number of children who had Diphtheria/Tetanus booster	14,907
	(iii)	Number of children who completed Oral Polio vaccination	28
	(iv)	Number of children who received Oral Polio booster	14,137
	(v)	Number of children who received Measles vaccination	2
	(vi)	Number of school leavers who received Tetanus booster	566
	(vii)	Number of children who received Rubella vaccination	1,603
(h)*	(i)	Number of new attendances Minor Ailment Clinic	38
	(ii)	Number of subsequent attendances Minor Ailment Clinic	5,562

(j)	Number of sessions in school or clinic to carry out or assist at examinations	3,759
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*at school for physically handicapped children.

SPEECH THERAPY

Two Speech Therapists were in post at the beginning of the year. Miss Gordon, who has been a member of the staff since 1948 retired in May. The other speech therapist, who had only been in post since September 1970 resigned in May.

Since May we have had no speech therapists on the staff. It is very difficult to recruit speech therapists into the Authority's service, chiefly due to the national shortage of trained personnel.

Sessions were held at 5 special schools and at 4 centres for children attending ordinary schools.

During the year 121 children received treatment and 1,297 treatments were given. Attendances were made for the following conditions:—

Dyslalia (i.e. articulatory defects)	74
Stammer	9
Dyslalia and Stammer	5
Cleft Palate	2
Dyslalia and Maladjusted	1
Deaf	1
Disorders of articulation and language associated with E.S.N. children	16
Breathing difficulties	3
Retarded Speech and/or Language Development	9
Alalia	1
	<hr/>
	121

During the year 61 children were discharged for the following reasons:—

Speech satisfactory	13
Temporary discharge and for review at a later date	40
Transferred to Deaf School	1
Attendance lapsed	7
	<hr/>
	61

Visits were made to 7 schools and 30 homes to discuss problems with teachers and parents.

At the end of May 42 children were left in abeyance on the Special Schools registers and 59 on the Centre Registers.

There were 85 children awaiting treatment at the end of May; by the end of the

year a further 57 referrals had been made making a total of 142 to be added to the 101 left in abeyance on the registers.

PHYSIOTHERAPY

It is encouraging to report that 1971 has been a progressive one in the physiotherapy service.

At Claremont Open Air School there has been closer co-operation, both with the consultants and medical departments at the Manchester Children's Hospital making a more progressive approach in the treatment of children who have asthmatic and bronchial conditions.

Salford University has continued working with children attending Oaklands School on a research programme to perfect the Shrewsbury splint which enables children born with a spina bifida to stand and move without using crutches or a walking frame. This leaves the child's arms free to play with a ball and develop self confidence and independence.

Three new physiotherapists have joined the staff during this year, one working part-time. There is still a vacancy for a full-time physiotherapist and it is hoped that this may be filled in the near future.

Claremont Open Air School

150 children have been treated during the year for the following conditions:—

Breathing Exercises	40
Asthma	39
Posture	7
Postural Drainage	10
U.V.L.	29
Physically Handicapped	22
Abdominal Massage	3
	<hr/>
	150

Physiotherapy treatments have covered a wide and varied field over the last 12 months, and we have been able to give more concentrated treatment to children with severe chest conditions. This has been possible due to two afternoon sessions being added on to the five morning sessions and also to the fact that we have acquired two very up to date aerosol machines for the treatment of chest diseases.

However, the need is still felt to be able to treat certain of the children at least twice a day, and this would automatically mean a further increase in the physiotherapy sessions.

Oaklands School

81 children were treated in the physiotherapy department during the year. 33 children had swimming instruction at Blackfriars Road Baths and 39 children had exercises in the hydrotherapy pool at the school.

The largest group of children attending the school have some form of cerebral palsy. This year there have been an equal number of boys and girls treated, 17 boys and 17 girls.

The next largest group in school are those children born with spina bifida. During the year 15 girls and 9 boys received treatment, four severely handicapped boys and three girls were fitted with Shrewsbury splints by the Mechanical Engineering Department at Salford University. Each splint is individually made and as this is a research project each splint incorporates new modifications to improve the design and helps the child to move more freely and gain greater independence.

Some aspects of treatment are becoming physically harder. When Oaklands School first opened the majority of the children were in the younger age group. They are now growing bigger and heavier and more difficult to lift for the same reason. At first mostly small chairs and walking aids were required by the children. The Department of Health and Social Security are now fitting the older children with larger chairs specially adapted to their individual needs.

It has not been possible to hold physiotherapy sessions regularly at all the special schools. The most satisfactory method of treatment has been found to visit one school for a term giving an intensive course of ultra-violet-light and physiotherapy and the next term moving on to another school. This rota method seems the fairest way of providing treatment.

Weekly physiotherapy and ultra-violet-light clinics are held at Langworthy and Murray Street Centres. These two centres serve the widest areas and several buses stop conveniently near.

Children attending for breathing exercises or foot and leg exercises are instructed in simple remedial exercises at the clinics; they are then given instruction leaflets to continue the treatment at home. They visit the physiotherapists periodically for a check to see that the condition is improving and if this is not so then more intensive physiotherapy is given at the clinic.

The physiotherapists never feel that the service is completely adequate. It is unlikely there will ever be a sufficient number of physiotherapists to provide ideal treatment for every Salford child.

CHIROPODY

Salford's school chiropody service is comprised of two inter-related sections.

Firstly, the acute conditions, — verrucae pedis, skin affections, corns, callosities etc. and secondly the chronic conditions, — valgus feet, pes cavus, hallux rigidus etc.

One double sessions was held weekly throughout the year, at both Langworthy Centre and Murray Street Clinic. In addition to these, single sessions were commenced at Trinity Centre and at Regent Road Clinic in August 1971, and were held weekly.

49 cases of verucca pedis were taken from the waiting lists in October 1971, and a further 51 cases in November 1971. These children were invited to attend the

Northern College of Chiropody for treatment. By this means, the waiting list of children requiring treatment was virtually eliminated by the end of the year.

In December, a further list of 6 children suffering from orthopaedic defects was submitted to the College of Chiropody. These children were given appropriate treatment and also used for practical demonstration during lectures.

A further 9 children were referred to Hope Hospital for suitable appliances or treatment, and 6 similar cases were seen at the Northern College of Chiropody.

NUMBER OF CHILDREN (OVER 5 YEARS OF AGE) ATTENDING FOOT CLINICS
FOR TREATMENT DURING 1971

	Number of Sessions Held	Number of Invitations Given	Number of Emergency and Casual Attendances	Total Numbers	Number who did not attend		Total Attendances	New Courses of Treatment		Subsequent Treatments	
					Boys	Girls		Boys	Girls	Boys	Girls
1.	2.	3.	4.	5.	6(a)	6(b)	7.	8(a)	8(b)	9(a)	9(b)
Langworthy	52	1,377	21	1,398	125	126	1,147	123	117	381	526
Murray Street	50	1,288	10	1,298	133	135	1,030	143	122	379	386
Regent Road	21	346	—	346	51	42	253	30	35	85	103
Trinity	19	307	10	317	19	23	275	35	28	123	89
TOTALS	142	3,318	41	3,359	328	326	2,705	331	302	968	1,104

This year there were no children under 5 (attending school) who attended for Chiropody Treatment

AUDIOMETRY

A new venture in the audiometry work in Salford has been the introduction of the Stycar hearing test. The primary aim of this test is to obtain information concerning the child's capacity to hear with comprehension in every-day situations; this involves the use of toys, pictures and particularly "live" speech. The Stycar hearing test has proved invaluable in the testing of the very young and the mentally retarded child.

As in previous years the special schools and units were visited in each of the first two terms of the year and all the new entrants given a hearing test. In July all the children in Seedley and Clarendon Partially Hearing Units were re-tested in readiness for the installation of new equipment. A total of 182 children in special schools and units were tested during 36 sessions.

In clinic sessions up to September 756 children were invited for a hearing test with a resultant attendance of 50%. A number of student Health Visitors attended the clinic sessions to observe the procedure when using an audiometer to test hearing.

Testing of the new intake in infants schools was completed in April. Those children who failed the Sweep test of hearing were given a more detailed test and referred to the school medical officer for treatment. Commencing in May the first year in the junior schools were tested. It was interesting to note that the failure rate was much lower than that of the four to five year old children. Many of these children had failed the Sweep test of hearing when entering the infant department, but had subsequently received treatment. In July the third year in the secondary schools was given a hearing test. This was an age group previously missed owing to staffing difficulties. Unfortunately the testing of this age group was not completed because the audiometrician left in September. During the 115 sessions held on school premises 5,230 children were tested; 302 children failed the Sweep test of hearing and were referred to the school medical officer.

A new audiometrician commenced duties early in October and during the Christmas term of 1971, (but excluding the month of September) 12 schools were visited, and during the 56 sessions held 1,128 children were Sweep tested. Out of this number 134 were subsequently referred for an individual Audiometric Test. 43 of these were carried out in the relevant schools and referred to the school medical officer if necessary for advice and treatment. The remaining 91 children who failed the Sweep Test and were not able to be tested in school, were invited to a clinic session for a more detailed test.

From October to December, 14 sessions have been held in clinics, a total of 171 children were invited and out of this number 85 attended; 28 of these children were subsequently referred to the school medical officer.

One Special Unit and one Special School were visited during November, two sessions were held in each, and a total of 19 children were tested, and the results were referred to the school medical officer.

CONVALESCENCE

3 children were referred for convalescence by school medical officers in 1971. Each of them went away for 2 weeks convalescence.

CLAREMONT OPEN AIR SCHOOL

During the year 28 delicate children were admitted to Claremont Open Air School with the following conditions:—

Asthma	8
Recurrent bronchitis and recurrent upper respiratory infections	6
Poor general condition	7
Blood diseases	1
Other conditions	6
	<hr/>
	28
	<hr/>

Children with degrees of physical handicap which make them unsuitable for ordinary schools but which are not so severe that a place at Oaklands School is essential are admitted to Claremont Open Air School and 9 physically handicapped children were admitted in 1971.

3 children with congenital heart conditions were admitted and also 2 epileptics.

2 children were admitted to the partially sighted class which is intended for children up to the age of 11. It is hoped that there will soon be another partially sighted class for children over the age of 11.

Full use is still being made of this school but there is virtually no waiting list of children for admission.

Children are medically examined regularly to assess progress and to decide which children have become physically fit to return to ordinary schools. The school medical officer visited the school on 41 occasions; 409 medical examinations were carried out, the number of children examined being 218.

GREENGATE SPECIAL NURSERY SCHOOL

Greengate Special Nursery School continued to function as in the previous year. Children are recommended for admission according to the priority of their needs. During the year 26 children were admitted for the main reasons shown below:—

Delayed Development or Mental Handicap	11*
Social and General Health Reasons	9*
Social Reasons (Ill health of mother)	5
Visual defect	1
	<hr/>
TOTAL	26
	<hr/>

*One child in each of these groups also had a significant speech defect.

The school provides early educational help for children and parents whose problems are many and varied. Although an attempt has been made to classify the reasons for admission it is rare for a single factor to determine a child's need for special nursery education. Many of the children with delayed development or mental handicaps also

have general health and/or social problems.

Although 26 children were admitted a further 13 requests for places were considered during the year. Alternative recommendations were made for 5 of these children. The "dispersal" of these requests is shown below:—

To ordinary nursery classes	3
To day nurseries	1
To attend Play Group regularly	1
Places at Greengate offered and not taken	3
Admission to Greengate not recommended	3
Removed to other Authority before placed	2
	<hr/>
TOTAL	13
	<hr/>

There were 29 children on the school register on 31st December, 1971.

The school is visited regularly by a senior medical officer. During 1971 he carried out 95 medical examinations at 16 sessions: 47 children were examined. The aim is always to see each child at least once a term.

The visits of a speech therapist reported last year came to an end in the spring of 1971 owing to shortages of staff. An essential visiting service to the school was lost and not restored by the end of the year.

Assessment of children's future educational needs continues; an educational psychologist visits and sees children at the school.

The excellent co-operation between the Education and Health Departments' staff was maintained.

Co-operation with the social workers of the newly formed Social Services Department is developing along very satisfactory lines. This is most important as many of the children are from families with major social problems.

OAKLANDS SCHOOL

As in previous years the 80 places for physically handicapped children were fully taken throughout most of the year. During the year 8 children were admitted and one re-admitted to the school. The new entrants were 2 with cerebral palsy, 2 with spina bifida, 1 with muscular dystrophy, 1 with a cardiac defect, 1 with hydronephrosis and an older girl with paraplegia as the result of a road traffic accident.

In 1971 there were 9 children who left the school. Of these four were children whose physical handicaps had improved enough to enable 3 of them to be transferred to the Open Air School and one to a school for educationally subnormal children.

There were 80 children on the roll at the end of 1971; 23 of these were children who resided in the Lancashire County Area.

The nature of the handicaps of the children is shown in the table below.

HANDICAPS OF CHILDREN ON THE SCHOOL ROLL
ON 31ST DECEMBER, 1971

Nature of Handicap	Salford Children	Lancashire County Children	Total
Cardiac Defects	5 (4)	2 (2)	7 (6)
Orthopaedic Defects	4 (4)	3 (3)	7 (7)
Cerebral Palsy	15 (16)	7 (9)	22 (25)
Spina Bifida	16 (15)	7 (7)	23 (22)
Other disease of the central nervous system	11 (9)	4 (5)	15 (14)
Miscellaneous other disorders	6 (5)	—(—)	6 (5)
TOTALS	57 (53)	23 (26)	80 (79)

() The numbers for 31st December, 1970, are shown in brackets for comparison.

The general health of the children remained good as in the previous year and again it is a pleasure to report that there were no unusual or untoward occurrences in the health field of work.

The School Medical Officer continued to visit the school regularly as in the previous year. The excellent co-operation with hospital specialists and general practitioners was maintained: this and the two way exchange of information regarding the children's health, treatment and progress is of considerable importance if the school medical officer is to be able to give proper guidance to parents in the care and management of the severely handicapped. Parent guidance has increasingly been recognised as essential for the deaf or severely mentally handicapped. It is equally important for physically handicapped children and time is needed for such work.

During 1971 the doctor held 24 medical examination sessions; 81 children were examined during the year, the total number of examinations was 122 compared with 107 examinations at 17 sessions in 1970. New admissions are examined as soon as possible after school entry. Because of the importance of assessing the physical abilities of school leavers in order to give advice about future employment or further education the examination of these children has been brought forward so that this is now being done in the last term of the year before children are due to leave.

The plan to carry out intelligence tests on all children during their 9th year of age as part of a scheme for a fuller assessment of children's physical and educational abilities and potentialities was started during 1971. Four such intelligence tests were done during the year.

The Nursing and Physiotherapy Services continued as in previous years. The demands upon them continue to increase. One additional child with severe handicaps due to spina bifida may not appear of significance numerically but such a child demands considerably more than one eightieth of the time of the Physiotherapy and Nursing Services.

The greatest concern during the year has been the loss of all speech therapy services at the school because of a total lack of speech therapists for two thirds of the year.

Children with physical handicaps and speech defects are in even greater need of speech therapy than non-handicapped children. There is a national shortage of speech therapists but somehow or other those that do exist must be encouraged and attracted to work where the need for them is so great.

The co-operation with the University of Salford and the Department of Health and Social Security in the development of the Shrewsbury "clicking" calipers has continued. At the end of 1971 there were 9 children in the school who were using these calipers.

PARTIALLY HEARING UNITS

The Partially Hearing Units at Seedley Junior School and Clarendon Secondary Boys' School continue to function well. At the end of the year there were 12 children on the register of the Seedley Unit and 15 children on the register of the Clarendon Unit.

The children in the Seedley Unit attend the Unit full-time.

In the Clarendon Unit all the pupils attend lessons with normal hearing pupils of their own age group in either Clarendon Boys' School or Clarendon Girls' School for part of the time and sit at the front of the classes and use their hearing aids. They attend the Unit for lip-reading and auditory training, and also for individual speech lessons and remedial teaching when necessary.

The school medical officer visited each unit three times during the year. Arrangements are made for children to have their ears syringed, to attend ear specialists or to be fitted with new hearing aids or new ear moulds if necessary.

DAY SPECIAL SCHOOLS FOR EDUCATIONALLY SUBNORMAL PUPILS

The Authority now has three day special schools for educationally subnormal pupils. Broomedge School is an old building which is soon to be replaced by a new school. Fernhill School, opened in 1961, has accommodation for 160 pupils aged 7 to 16 years. The Margaret Whitehead School, which was opened in 1969, became a day special school for educationally subnormal pupils in April 1971, as mentioned earlier in this report.

A considerable proportion of the children attending the Margaret Whitehead School have other handicaps in addition to being educationally subnormal. There were 94 children on the roll of the Margaret Whitehead School at the end of 1971, and of these children 15 were physically handicapped, 8 were epileptics and 5 suffered from both a physical handicap and epilepsy.

The school medical officer visited Broomedge and Fernhill Schools in order to examine school entrants and school leavers and also any children requiring a special examination. Two visits were made to Broomedge School and 18 medical examinations were carried out. 3 visits were made to Fernhill School, where 34 medical examinations were carried out.

At the Margaret Whitehead School the aim is to examine every child at least once a year and from January to December 1971 the school medical officer spent 11 sessions at the Margaret Whitehead School and 62 medical examinations were carried out, the number of children examined being 59.

PARKFIELD DIAGNOSTIC UNIT

This Unit provides 20 places for children aged from 5 to 7 years. They are admitted either because they need further assessment of their educational needs prior to placement in an appropriate school or class or because they have developed behavioural disorders or became maladjusted in an ordinary infants class. These latter children are often found to be of low intelligence or have specific learning difficulties.

As more and more children start nursery education before the age of 5 years it becomes increasingly essential to recognise conditions which may cause educational problems even before children are old enough to attend Parkfield. When assessment has not been completed before the age of 5 years or where further observation and tests are needed the Diagnostic Unit provides a school situation in which this can be done.

Diagnosis is a joint process requiring co-operation between doctor and teacher aided by the educational psychologist, health visitor and all the various specialist services dealing with hearing, speech and vision.

Unfortunately the Unit has had no speech therapist for over half the year and was still without by the end of 1971. Shortage of staff was responsible.

A Senior Medical Officer visits the Unit to examine the children and carry out intelligence tests at the school.

During 1971 the medical officer carried out 22 medical examinations of 17 children at 9 sessions. In addition 12 special examinations (completion of form 2HP) were done in connection with the ascertainment of children's future educational needs.

The results of these examinations and recommendations are shown below:—

Transferred to Margaret Whitehead School	2
Transferred to Fernhill School	3
Transferred to Broomedge School	3
Transferred to Halton Bank Unit	1
Transferred to Day Special E.S.N. School outside Salford (child in care of L.A.)	1
Awaiting Placement in 1972	2
	<hr/>
	12
	<hr/>

HOME TEACHING

Home teaching is recommended if a child is unsuitable for any ordinary or special school in Salford and if a residential school is for some reason also considered

unsuitable.

Five children were having home teaching in December 1971. One of these children is a severe asthmatic and one is subject to frequent attacks of epilepsy. One boy was having home teaching whilst awaiting a place in a residential school for maladjusted pupils and one girl was having home teaching following very difficult behaviour at school. One girl was unfit to attend school due to severe arthritis.

SCHOOL CLINICS

<i>Location of School Clinics</i>	<i>Treatment carried out</i>
Regent Road	Dental, Physiotherapy, Audiometry, Ophthalmic.
Murray Street	Dental, Physiotherapy, Chiropody, Audiometry.
Langworthy Centre	Dental, Physiotherapy, Chiropody, Audiometry, Paediatric.
Kersal Centre	Dental, Audiometry, Physiotherapy.
Summerville Clinic	Physiotherapy, Audiometry.
Trinity Clinic	Audiometry.
Broomedge School	Physiotherapy.
Fernhill School	Physiotherapy.
Oaklands School	Physiotherapy, Minor Ailments, Orthopaedic.
Claremont Open Air School	Physiotherapy.
Parkfield	Physiotherapy.
Greengate Special School	Physiotherapy.
Margaret Whitehead School	Physiotherapy.

**STATISTICAL TABLES
PART I**

Medical inspection of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A. — PERIODIC MEDICAL INSPECTIONS

Age Group inspected by year of birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental disease and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1967 & later	668	664	4	—	1	32	33
1966	1,407	1,400	7	—	—	78	78
1965	1,291	1,288	3	—	8	49	56
1964	453	453	—	—	—	32	32
1963	111	109	2	—	—	2	2
1962	56	56	—	—	—	1	1
1961	36	35	1	—	—	2	2
1960	36	35	1	—	—	2	2
1959	7	7	—	—	—	1	1
1958	12	12	—	—	—	2	2
1957	798	798	—	—	15	35	50
1956 & earlier	693	691	2	—	9	22	30
TOTAL	5,568	5,548	20	—	33	258	289

Column (3) total as a percentage of Column (2) total 99.64%

Column (4) total as a percentage of Column (2) total 0.36%

TABLE B. — OTHER INSPECTIONS

NOTES:—

A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special inspections	3,413
Number of Re-inspections	909
TOTAL	4,322

TABLE C. — INFESTATION WITH VERMIN

NOTES:—

All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 24,093 pupils — 59,739 exams — 14,309 re-examinations.
- (b) Total number of individual pupils found to be infested 2,848
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) — Nil.
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) — Nil.

103 individual children were cleansed, on one or more occasions, during 1971 with parents consent.

PART II

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR

Defect Code No.	Defect or Disease		Periodic Inspections				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin	T	25	14	3	42	70
		O	96	26	14	136	84
5	Eyes (a) Vision	T	10	24	3	37	58
		O	27	71	10	108	70
	(b) Squint	T	23	5	4	32	80
		O	72	18	11	101	38
	(c) Other	T	2	2	2	6	6
		O	18	5	4	27	26
6	Ears (a) Hearing	T	11	11	2	24	113
		O	123	89	30	242	425
	(b) Otitis Media	T	7	—	—	7	29
		O	166	20	14	200	137
	(c) Others	T	5	1	1	7	39
		O	44	6	7	57	82
7	Nose and Throat	T	38	6	2	46	113
		O	609	62	88	759	632
8	Speech	T	14	2	6	22	46
		O	83	5	11	99	131
9	Lymphatic Glands	T	2	—	3	5	1
		O	286	15	31	332	168
10	Heart	T	3	1	—	4	30
		O	29	9	3	41	53
11	Lungs	T	5	1	2	8	135
		O	83	11	9	103	136
12	Developmental (a) Hernia	T	5	—	1	6	3
		O	18	1	2	21	7
	(b) Other	T	1	—	2	3	23
		O	51	33	16	100	193
13	Orthopaedic (a) Posture	T	1	—	1	2	11
		O	36	14	6	56	9
	(b) Feet	T	14	7	5	26	30
		O	87	14	12	113	20
	(c) Other	T	16	5	2	23	168
		O	71	26	10	107	179
14	Nervous System (a) Epilepsy	T	2	1	2	5	53
		O	12	2	1	15	35
	(b) Other	T	1	—	—	1	28
		O	53	2	7	62	323
15	Psychological (a) Development	T	—	—	—	—	30
		O	47	4	5	56	150
	(b) Stability	T	5	—	—	5	10
		O	67	6	10	83	199
16	Abdomen	T	2	—	—	2	11
		O	21	4	7	32	73
17	Other	T	2	1	—	3	16
		O	12	6	3	21	270

PART III

Treatment of Pupils Attending Maintained Primary and Secondary
Schools (including Nursery and Special Schools)

TABLE A – EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	75
Errors of refraction (including squint)	2,074
TOTAL	2,149
Number of pupils for whom spectacles were prescribed	1,188

TABLE B – DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment –	
(a) for diseases of the ear	5
(b) for adenoids and chronic tonsillitis	53
(c) for other nose and throat conditions	24
Received other forms of treatment	2
TOTAL	84
Total number of pupils still on the register of schools at 31st December 1971 known to have been provided with hearing aids.	
(a) during the calendar year 1971	12
(b) in previous years	55

TABLE C – ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	66
(b) Pupils treated at school for postural defects	6
TOTAL	72

TABLE D – DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

All children under this heading are referred to their General Practitioner

TABLE E – CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics	152

TABLE F – SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	121

TABLE G – OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments	97 pupils
(b) Pupils who received convalescent treatment under School Health Service arrangements	3 pupils
(c) Pupils who received B.C.G. vaccination	1171 pupils
(d) Other than (a), (b) and (c) above. Please specify	
(i) Orthopaedic	22 pupils
(ii) Paediatric	61 pupils
(iii) Chiropody	633 Courses of treatment
(iv) Sunray	236 Courses of treatment
TOTAL (a) – (d)	7785 pupils and/or courses of treatment

SCREENING TESTS OF VISION AND HEARING

(Where boxes are provided for the answers please place ticks in the appropriate box or enter the ages, where requested, in Arabic numerals)

1. (a) Is the vision of entrants tested as a routine within their first year at school?

Yes	No
—	v

- (b) If not, at what age is the first routine test carried out? 6

2. At what age(s) is vision testing repeated during a child's school life?

6	7	8	9	10	11	12	13	14	15	16
v	v	v	v	v	v	v	v	v	v	v

3. (a) Is colour vision testing undertaken?

Yes	No
v	—

- (b) If so, at what age? During the year in which they attain their 15th birthday.

- (c) Are both boys and girls tested?

Boys	Girls
v	v

4. (a) By whom is vision testing carried out? Nursing Auxiliary using Keystone Vision Screener

- (b) By whom is colour vision testing carried out? Nursing Auxiliary using Keystone Vision Screener

5. (a) Is routine audiometric testing of entrants carried out within their first year at school?

Yes	No
v	—

- (b) If not, at what age is the first routine audiometric test carried out? —

- (c) By whom is audiometric testing carried out? Audiometrician

SCHOOL DENTAL SERVICE

Number of officers in local authority service		Full time equivalent inclusive of extra paid sessions worked (TO ONE PLACE OF DECIMALS) —			
Full time	Part time	Administrative duties	Clinical duties		Total full time equivalent
			School Service	M&C.W. Service	

1. STAFF (as at 31st December, 1971)

(a) DENTAL OFFICERS (including Orthodontists)

Principal School Dental Officer

1	X	0.1	0.8	0.1	1
2	0	0	1.9	0.1	2

Salaried Dental Officers

Sessional Dental Officers

X	3	X	0.53	0	0.53
---	---	---	------	---	------

Total (a)

3	3	0.1	3.23	0.2	3.53
---	---	-----	------	-----	------

(b) DENTAL AUXILIARIES AND HYGIENISTS

Dental Auxiliares

1	0	X	0.7	0.3	1
0	0	X	0	0	0

Dental Hygienists

(c) OTHER STAFF:—

Dental Technicians

Dental Surgery Assistants

Clerical Assistants

Dental Health Education Personnel

Number of Officers	Full time equivalent (ONE PLACE OF DECIMALS)
0	0
5	4.5
0	0
0	0

2. SCHOOL DENTAL CLINICS

Fixed Clinics				Mobile Clinics		
No. with ONE surgery only	No. with TWO or more surgeries	Total number of surgeries		Total number of clinics		Total number of sessions worked in 1971
		Available	In use	Available	In use	
2	2	7	6	0	0	0

3. INSPECTIONS

(a) First inspection - school	
(b) First inspection - clinic	
(c) Re-inspection - school or clinic	
TOTALS	

Number of pupils		
Inspected	Requiring treatment	Offered treatment
22,371	11,204	9,041
624		
1,285	1,094	
24,280	12,298	9,041

Note Sections 4, 5 and 6 below should include all work done by Dentists, Auxiliaries and Hygienists.

4. VISITS (for treatment only)

First visit in the calendar year
Subsequent visits
Total visits

Ages 5-9	Ages 10-14	Ages 15 & over	Total
1,921	1,538	291	3,750
953	1,257	211	2,421
2,874	2,795	502	6,171

5. COURSES OF TREATMENT

Additional courses commenced
Total courses commenced
Courses completed

92	93	23	208
2,966			2,966
			2,794

6. TREATMENT

Fillings in permanent teeth
Fillings in deciduous teeth

1,180	2,359	376	3,915
996	75		1,071

Permanent teeth filled
Deciduous teeth filled

999	2,096	330	3,425
859	73		932

Permanent teeth extracted
Deciduous teeth extracted

265	969	155	1,389
3,259	968		4,227

Number of general anaesthetics

1,116	601	48	1,765
-------	-----	----	-------

Number of emergencies

318	256	41	615
-----	-----	----	-----

Number of pupils X-rayed
Prophylaxis
Teeth otherwise conserved
Teeth root filled
Inlays
Crowns

81
110
741
6
0
13

7. OTHODONTICS

New cases commenced during the year	15
Cases completed during the year	11
Cases discontinued during the year	2
Number of removable appliances fitted	44
Number of fixed appliances fitted	3
Number of pupils referred to Hospital Consultants	2

Include cases treated by appliance only

8. DENTURES

Number of pupils fitted with dentures for the first time:—

(a) with full denture

(b) with other dentures

TOTAL

Ages 5—9	Ages 10—14	Ages 15 & over	Total
0	1	3	4
3	19	11	33
3	20	14	37

Number of dentures supplied (first or subsequent time)





3	20	11	34
---	----	----	----

9. ANAESTHETICS

Number of general anaesthetics administered by Dental Officers

478

10. SESSIONS

	Adminis- trative sessions	Number of clinical sessions worked in the year					Total sessions
		School Service			M & C.W. Service		
		Inspec- tion at school	Treat- ment	Dental Health Education	Treat- ment	Dental Health Education	
Dental Officers (incl. P.S.D.O.)	42	111	909	2	78	0	1,142
Dental Auxiliares			341	39	60	10	450
Dental Hygienists			0	0	0	0	0
	42	111	1,250	41	138	10	1,592

11. DENTAL HEALTH EDUCATION

Information should be given here about activities undertaken by the Authority:

Regular talks in schools and to ante- and post-natal groups by Principal School Dental Officer and dental auxiliary. Visits in groups by younger children to clinics. Co-operation in Local Dental Committee Campaign.

DENTAL AUXILIARIES

Details of work carried out by Dental Auxiliaries and included in main form 28M

4. VISITS (for treatment only)

	Ages 5–9	Ages 10–14	Ages 15 & over	Total
First visit in the calendar year	351	45	0	396
Subsequent visit	679	123	7	809
Total visits	1,030	168	7	1,205

5. COURSES OF TREATMENT

Additional courses commenced	0	0	0	0
Total courses commenced	351	45	0	396
Courses completed				141

6. TREATMENT

Fillings in permanent teeth	503	149	4	656
Fillings in deciduous teeth	382	4		386
Permanent teeth filled	482	143	4	629
Deciduous teeth filled	380	4		384
Deciduous teeth extracted	11	1		12
Prophylaxis				184

DEPARTMENT OF EDUCATION AND SCIENCE
RETURN OF HANDICAPPED CHILDREN

PART I

New assessments and placements.

During the calendar year ended 31st December, 1971:	Blind (1)	P.S. (2)	Deaf (3)	Pt.Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp.Def. (10)	TOTAL (11)
A. No. of handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes?											
Boys					12	28	4	38	1		83
Girls					6	17		26			49
B. No. of children newly placed in special schools (other than hospital special schools) or boarding homes											
(i) of those included at A above					4	27	1	13	1		46
Boys					4	12		10			26
Girls											
(ii) of those assessed prior to January 1971					4	10	2	12	1		29
Boys					2	10		9			21
Girls											
(iii) TOTAL newly placed — B (i) and (ii)					8	37	3	25			73
Boys					6	22	—	19			47
Girls											

C. Number of children from the Authority's area, previously regarded as unsuitable for education at school, who became the Authority's responsibility on 1st April, 1971	
Boys	54
Girls	48
Total	102

As at 20th January 1972

[illegible]

PART III

Number of teachers of the deaf and partially hearing employed by the authority (other than in special schools) on 20th January 1972.

Teachers Employed	who have one of the special deaf qualifications listed in Note 5 ii of the Notes to Form 7M		who do not have such a qualification		TOTAL	
	M	F	M	F	M	F
1. in special classes/units	1	1			1	1
2. in audiology clinics						
3. as peripatetic teachers						
TOTALS	1	1			1	1

